

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90028 037 ***150.00

DOCUMENT # L06012 1. Entity Name HALE GROUP, INC.	
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Principal Place of Business % STEPHEN C. HALE, III 9255 U.S. NO. 1 WABASSO FL 32970	Mailing Address P O BOX 700217 WABASSO FL 32970
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44015964



MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address <i>c/o Susan Hale</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>P O Box 700217</i>	
City & State		City & State <i>Wabasso, FL</i>	
Zip	Country	Zip	Country
		<i>32970</i>	<i>USA</i>

4. FEI Number 65-0139535	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HALE, STEPHEN C III 9255 U.S. NO. 1 WABASSO FL 32970
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7. Name and Address of New Registered Agent
Name <i>Susan Hale</i>
Street Address (P.O. Box Number is Not Acceptable) <i>9255 U.S. No. 1</i>
City <i>Wabasso</i> FL Zip Code <i>32970</i>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Susan B. Hale, Director* DATE *2-27-04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	HALE, STEPHEN C III
STREET ADDRESS	1160 ADMIRALS WALK
CITY-ST-ZIP	VERO BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	HALE, SUSAN B
STREET ADDRESS	PO BOX 3849 N/A
CITY-ST-ZIP	VERO BCH FL
TITLE	D <input type="checkbox"/> Delete
NAME	HALE, ALEX DEXTER
STREET ADDRESS	13 17TH AVE. SOUTH
CITY-ST-ZIP	GREAT FALLS MT
TITLE	D <input type="checkbox"/> Delete
NAME	FARROW, MARIANNE H
STREET ADDRESS	THE MANOR, STAVERTON
CITY-ST-ZIP	NORTHAMPTONSHIRE EN
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan B. Hale* *Susan B. Hale* DATE *2-27-04* DAYTIME PHONE # *772-581-1741*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR