


2007 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90033 035 ***150.00

DOCUMENT # L06012 1. Entity Name HALE GROUP, INC.			
Principal Place of Business % STEPHEN C. HALE, III 9255 U.S. NO. 1 WABASSO, FL 32970		Mailing Address C/O SUSAN HALE PO BOX 700217 WABASSO, FL 32970 US	
2. Principal Place of Business - No P.O. Box # C/O SUSAN HALE Suite, Apt. #, etc. 8965 PALM BREEZE TERRACE		3. Mailing Address P.O. Box 700247 Suite, Apt. #, etc.	
City & State VERO BEACH, FL		City & State WABASSO, FL	
Zip 32963	Country U.S.	Zip 32970	Country U.S.
4. FEI Number 65-0139535		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALE, SUSAN 9255 U.S. NO. 1 WABASSO, FL 32970		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8965 PALM BREEZE TERRACE City VERO BEACH FL Zip Code 32963	
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 <u><i>Susan B. Hale</i></u> 1-10-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HALE, STEPHEN C III 1160 ADMIRALS WALK VERO BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HALE, SUSAN B 3965 PALM BREEZE TERRACE VERO BEACH, FL 32963	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8965 PALM BREEZE TERRACE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HALE, A. DEXTER 305 HYLANDE DR GREAT FALLS, MT 59405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FARROW, MARIANNE H THE MANOR, STAVERTON NORTHAMPTONSHIRE EN,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Susan B. Hale</i></u> SUSAN B. HALE		1/10/07 (772) 231-9519	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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