


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000004421 1. Entity Name HALE ACADEMY, INC.	
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Principal Place of Business 3443 SW 20 ST OCALA, FL 34474	Mailing Address 3443 SW 20 ST OCALA, FL 34474
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3664852	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CONE, DOUGLAS P JR. 500 NW 27TH AVE. OCALA, FL 34475	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution... <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U000000181489 01/14/05-80049-024 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONE, DOUGLAS P JR. 500 NW 27TH AVE. OCALA, FL 34475	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOYD, THAD 1700 SE 17TH STREET OCALA, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VERO, FRANK 6051 SW 18TH COURT RD OCALA, FL 34474	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TREXLER, DIANE 10179 S MAGNOLIA AVE OCALA, FL 34476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, MIKE 2390 LAUREL RUN DR OCALA, FL 34471	
TITLE 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 617, 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: 	Date <u>1/12/05</u>	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		