2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000012055

1. Entity Name

HALÉY HOUSE FUND INC.



FILED Jan 09, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

510 ROBIN HILL CIRCLE BRANDON, FL 33510 510 ROBIN HILL CIRCLE BRANDON, FL 33510



DO NOT WRITE IN THIS SPACE

01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 16-1711159 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAUN, DAVE 510 ROBIN HILL CIRCLE BRANDON, FL 33510

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revistating) DATE						
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARLAN, MARY E CHR-PER 9116 QUAIL STOP DRIVE TAMPA, FL 33626				U00000776462 · 01/09/08-80024-011 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAUN, DAVE 510 ROBIN HILL CIRCLE BRANDON, FL 33510			,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD. BOWERING, DAVID 3738 CYPRESS MEADOWS RD TAMPA, FL 33624		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KECKLER, MARY ANN 2023 BELMAR AVENUE SPRINGHILL, FL 34608					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM SCHNECK, PAT 8805 RIVERLACHEN WAY RIVERVIEW, FL 33569			·		

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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1-6-2008

6848916

Daytime Phone #