

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009599

FILED
Jan 19, 2009
Secretary of State

Entity Name: THE HALO PROJECT, INC.

Current Principal Place of Business:

12670 NEW BRITTANY BLVD
SUITE 101
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 60205
FORT MYERS, FL 33906

New Mailing Address:

C/O JOHN M. WICKER, P.A.
PO DRAWER 60205
FORT MYERS, FL 33906

FEI Number: 26-1475761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKER, JOHN M ESQ
12670 NEW BRITTANY BLVD
SUITE 101
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD
SUITE 101
FORT MYERS, FL 33907 US

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.

SIGNATURE: JOHN M. WICKER

01/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GRAY, STEPHANIE
Address: 18404 HAWTHORNE ROAD
City-St-Zip: FORT MYERS, FL 33967

Title: DVP () Delete
Name: JEFFERS, RYAN D
Address: 7160 BERGANO WAY, #201
City-St-Zip: FORT MYERS, FL 33966

Title: DVP () Delete
Name: CHILDRESS, DAVID T III
Address: 18206 HEPATICA ROAD
City-St-Zip: FORT MYERS, FL 33967

Title: DST () Delete
Name: WICKER, JOHN M
Address: 4485 18TH STREET NE
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: POLKOW, KEVIN
Address: 12806 MEADOW HAWK DRIVE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. WICKER

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01/19/2009

Electronic Signature of Signing Officer or Director

Date