


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90473 038 \*\*\*\*61.25

<b>DOCUMENT # N98000001509</b> 1. Entity Name <b>THE HALCYON GROUP, INC.</b>					
Principal Place of Business 2021 ENGLEWOOD ROAD SUITE D ENGLEWOOD, FL 34223			Mailing Address 2021 ENGLEWOOD ROAD SUITE D ENGLEWOOD, FL 34223		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0821459</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROPKE, F.W. CARL 115 WINSON AVENUE ENGLEWOOD, FL 34223				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE <u><i>J. W. Carl Ropke IV</i></u>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> <u>F.W. CARL ROPKE IV</u>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <u>4/30/04</u>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROPKE, IV, F. W. CARL		NAME		
STREET ADDRESS	115 WINSON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOADER, WILLIAM		NAME		
STREET ADDRESS	738 VENNICE AVE E		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROPKE, F.W. CARL III		NAME	ROPKE, F.W. CARL III	
STREET ADDRESS	3709 DAWSON LANE		STREET ADDRESS	3759 PARADISE DRIVE	
CITY-ST-ZIP	PUNTA GORDA, FL		CITY-ST-ZIP	DONALSONVILLE, GA 39845	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>J. W. Carl Ropke IV</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>F.W. CARL ROPKE IV</u> <small>Date</small>		
			<u>4/30/04</u> <small>Daytime Phone #</small>		
			<u>941-475-7337</u>		

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