

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001509

Entity Name: THE HALCYON GROUP, INC.

FILED  
May 20, 2005  
Secretary of State

## Current Principal Place of Business:

2021 ENGLEWOOD ROAD  
SUITE D  
ENGLEWOOD, FL 34223

## New Principal Place of Business:

## Current Mailing Address:

2021 ENGLEWOOD ROAD  
SUITE D  
ENGLEWOOD, FL 34223

## New Mailing Address:

FEI Number: 65-0821459      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

ROPKE, F.W. CARL  
115 WINSON AVENUE  
ENGLEWOOD, FL 34223      US

## Name and Address of New Registered Agent:

ROPKE, IV, F.W. CARL  
6182 GILLOT BOULEVARD  
PT. CHARLOTTE, FL 33981      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: F. W. CARL ROPKE IV

05/20/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: ROPKE, IV, F. W. CARL  
Address: 115 WINSON AVENUE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D      ( ) Delete  
Name: LOADER, WILLIAM  
Address: 738 VENICE AVE E  
City-St-Zip: VENICE, FL 34292

Title: D      ( ) Delete  
Name: ROPKE, F.W. CARL III  
Address: 3759 PARADISE DRIVE  
City-St-Zip: DONALSONVILLE, GA 39845

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD      (X) Change ( ) Addition  
Name: ROPKE, IV, F. W. CARL  
Address: 6182 GILLOT BOULEVARD  
City-St-Zip: PT. CHARLOTTE, FL 33981

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 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 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: F. W. CARL ROPKE IV

PD

05/20/2005

Electronic Signature of Signing Officer or Director

Date