

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90019 045 ***150.00

DOCUMENT # P00000002846

1. Entity Name

A.J.S. HALLOWAY, INC.



Principal Place of Business

**547 SILVER COURSE CIRCLE V
OCALA FL 34472**

Mailing Address

**547 SILVER COURSE CIRCLE V
OCALA FL 34472**

2. Principal Place of Business

1918 SE 17th St

3. Mailing Address

16 Pine Trace Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34472

manus

34472

Marion



MOORE CR2E034 (11/03)

4. FEI Number

59-3616674

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HALLOWAY, RESHETA F
7 CEDAR TRAIL
OCALA FL 34472**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **Alva Halloway**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HALLOWAY, ALVA M
STREET ADDRESS **547 SILVER COURSE CIRCLE 16 Pine Trace Way**
CITY-ST-ZIP Ocala FL 34472

TITLE DT ☐ Delete
NAME HALLOWAY, RESHETA F
STREET ADDRESS 7 CEDAR TRAIL
CITY-ST-ZIP Ocala FL 34472

TITLE DS ☐ Delete
NAME LEE, REGINA-A
STREET ADDRESS 728 S.W. 6TH ST., #304
CITY-ST-ZIP WASHINGTON DC 20024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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 607, 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: **Alva Halloway**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-04

Date

352 687-3848

Daytime Phone #