## 2004 FOR PROFIT CORPORATION

TITLE ... NAME STREET ADDRESS CRY-ST-ZIP

## Mar 22, 2004 08:00 AM ANNUAL REPORT **Secretary of State DOCUMENT # P00000057457** 1. Entity Name RALPH HALEY CARPENTRY, INC. Principal Place of Business Mailing Address 11990 SW DARCY DR 11990 SW DARCY DR ARCADIA, FL 34269 ARCADIA, FL 34269 CR2E034 (10/03) 02272004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1016939 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HALEY, RALPH P DO NOT WRITE 11990 SW DARCY DR ARCADIA, FL 34269 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS PTD TITLE HALEY, RALPH P NAME Unn000094047 STREET ADDRESS 11990 SW DAREY DR n3/22/n4-80043-016 150.00 CITY-ST-ZP ARCADIA, FL 34269 VSD HALEY, PATRICIA A NAME STREET ADDRESS 11990 SW DARCY DR. ARCADIA, FL 34269 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TELE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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

FILED