## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Jan 24, 2005 08:00 AM **Secretary of State DOCUMENT # P00000085812** 1. Entity Name HALBO SOUTH, INC. Principal Place of Business Mailing Address 7655 14TH LANE 7655 14TH LANE VERO BEACH, FL 32966 VERO BEACH, FL 32966 CR2E034 (10/03) 01202005 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1040122 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HALL, CLARENCE F DO NOT WRITE 7655 14TH LN. VERO BEACH, FL 32966 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when rounstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 U00000195204 01/26/U5-80019-U15 158.7S 10. OFFICERS AND DIRECTORS PD TITLE HALL, CLARENCE F NAME 7655 14TH LANE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32966 VSD TITLE HALL, LINDA L NAME 7655 14TH LANE STREET ADDRESS VERO BEACH, FL 32966 CITY-ST-ZP TITLE BASQUEZ, SUSAN NAME STREET ADDRESS 7655 14TH LANE DO NOT WRITE CITY-ST-ZIP VERO BEACH, FL 32966 IN THIS SPACE NAME HALL, BARBARA STREET ADDRESS 7655 14TH LANE CITY-ST-ZIP VERO BEACH, FL 32966 TITLE HALL, DEBORAH NAME STREET ADDRESS 7655 14TH LANE VERO BEACH, FL 32966 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS CITY-ST-ZIP