


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 11, 2004 08:00 AM
Secretary of State**

DOCUMENT # P01000058359 1. Entity Name HALFWAY HOUSES OF FLORIDA, INC.	
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Principal Place of Business 6077 SOUTH PINE NEEDLE LANE LAKE WORTH, FL 33467	Mailing Address 6077 SOUTH PINE NEEDLE LANE LAKE WORTH, FL 33467
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DO NOT WRITE IN THIS SPACE



01252004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1128229	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, JOSEPH M
6801 LAKE WORTH ROAD, SUITE 127
LAKE WORTH, FL 33467

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

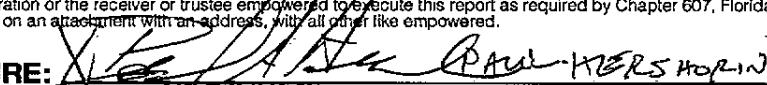
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000046665 02/12/04-300009-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HERSHORIN, PAUL ADAM
STREET ADDRESS	6077 SOUTH PINE NEEDLE LANE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STATE COPY

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **PAUL HERSHORIN** **2/7/04 301-641-7510**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #