

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2007 08:00 AM
Secretary of State**

DOCUMENT # P01000058359

1. Entity Name
HALFWAY HOUSES OF FLORIDA, INC.



Principal Place of Business
**6077 SOUTH PINE NEEDLE LANE
LAKE WORTH, FL 33467**

Mailing Address
**6077 SOUTH PINE NEEDLE LANE
LAKE WORTH, FL 33467**



03172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1128229

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HERSHORIN, PAUL ADAM
6077 SOUTH PINE NEEDLE LANE
LAKE WORTH, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STATE COPY

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IN THIS SPACE**

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05/10/07-80071-021-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Hershorn

PAUL HERSHORIN

4/5/07 501-44-7510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #