

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000067927**

**1. Entity Name**  
**HAOLLEY INC.**



**Principal Place of Business**  
**20349 CENTRAL AVE W**  
**BLOUNTSTOWN FL 32424**

**Mailing Address**  
**20349 CENTRAL AVE W**  
**BLOUNTSTOWN FL 32424**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**MOORE CR2E034 (11/03)**

**4. FEI Number**  
**59-3732879**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HOLLEY, EDWARD F**  
**20051 BURNS AVE**  
**BLOUNTSTOWN FL 32424**

**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**

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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** P ☐ Delete  
**NAME** HOLLEY, EDWARD F  
**STREET ADDRESS** 20051 NE BURNS AVE  
**CITY-ST-ZIP** BLOUNTSTOWN FL 32424

**TITLE** ☐ Change ☐ Addition  
**NAME** **U00000038268**  
**STREET ADDRESS** **02/06/04-80132-013 150.00**  
**CITY-ST-ZIP**

**TITLE** VP ☐ Delete  
**NAME** HALLEY, MICHAEL E  
**STREET ADDRESS** 21354 JOHN REDD RD  
**CITY-ST-ZIP** BLOUNTSTOWN FL 32424

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

**TITLE** ST ☐ Delete  
**NAME** HALLEY, LORI G  
**STREET ADDRESS** 21354 JOHN REDD RD  
**CITY-ST-ZIP** BLOUNTSTOWN FL 32424

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

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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:** *Edward F. Holley* **EDWARD F. HOLLEY**

**2/4/04**  
Date

**8506747718**  
Daytime Phone #