


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000113566  
 1. Entity Name  
 SECOND HALF DEVELOPMENT, INC.



Principal Place of Business: 100 EAST SYBELIA AVE. SUITE 255 MAITLAND, FL 32751  
 Mailing Address: 6210 E THOMAS RD STE 204 SCOTTSDALE, AZ 85251



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 91-2172429 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HAGLE, CHAD A  
 100 EAST SYBELIA AVE.  
 SUITE 225  
 MAITLAND, FL 32751

**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: Chad Hagle DATE: 1/18/2005  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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	CEO HAGLE, CHAD A 6210 E THOMAS RD STE 204 SCOTTSDALE, AZ 85251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNN, DAMON J 6210 E THOMAS SUITE 204 SCOTTSDALE, AZ 85251
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100000237048  
 02/21/05-80042-010 150.00

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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: Chad Hagle, CEO DATE: 1/18/2005 DAYTIME PHONE #: 407-629-4040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR