

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000119333

**1. Entity Name
HALEAN CORPORATION**



**Principal Place of Business
PO BOX 789
ZELLWOOD, FL 32789**

**Mailing Address
PO BOX 789
ZELLWOOD, FL 32789**

DO NOT WRITE IN THIS SPACE



05202005 No Chg-P CR2E034 (10/03)

**4. FEI Number
56-2307964**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**O'NEILL, BERNARD C JR.
2699 LEE ROAD, SUITE 320
WINTER PARK, FL 32789**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

**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
DP
WILSON, BARRY
PO BOX 789
ZELLWOOD, FL 32798**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
WILSON, LINDA
PO BOX 789
ZELLWOOD, FL 32793**

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

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

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

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

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05/25/05-80001-001 150.00

**DO NOT WRITE
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)(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: *Linda Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/05

Date

407/880-4546

Daytime Phone #