

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000119333

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** HALEAN CORPORATION

**Current Principal Place of Business:**

58363 MAGGIORE TRAIL  
ZELLWOOD, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 789  
ZELLWOOD, FL 32789

**New Mailing Address:**

**FEI Number:** 56-2307964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GROOMES, SHAWN  
901 DOUGLAS AVENUE  
SUITE 206  
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: SHAWN GROOMES

03/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: WILSON, BARRY  
Address: PO BOX 789  
City-St-Zip: ZELLWOOD, FL 32798

Title: ST  
Name: WILSON, LINDA  
Address: PO BOX 789  
City-St-Zip: ZELLWOOD, FL 32793

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARRY WILSON

DP

03/26/2012

Electronic Signature of Signing Officer or Director

Date