

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000051513



1. Entity Name
HALDICK ENTERPRISES INC.

Principal Place of Business
6300 OLIVEWOOD CIRCLE
GREENACRES FL 33463

Mailing Address
6300 OLIVEWOOD CIRCLE
GREENACRES FL 33463



2. Principal Place of Business

3. Mailing Address

2nd MOORE

CR2E034 (5/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
42-1593513

Applied For
Not Applicable

Zip Country

Zip Country

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

GARRISH, RICHARD H
6250 OLIVEWOOD CIRCLE
GREENACRES FL 33463

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

8-16-05

FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005

Make Check Payable to Florida Department of State

S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME PERERA, HAL
STREET ADDRESS 6300 OLIVEWOOD CIR
CITY- ST- ZIP GREENACRES FL 33463

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U00000376857
08/22/05-80005-016 550.00

TITLE VP ☐ Delete
NAME GARRISH, RICHARD
STREET ADDRESS 6250 OLIVE WOOD CIR
CITY- ST- ZIP GREENACRES FL 33463

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAL PERERA - PRESIDENT

Date

Daytime Phone #

8/16/05 361-969-2812