
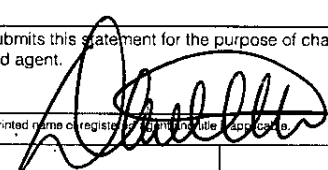
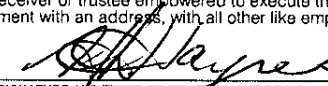


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90010 026 \*\*\*150.00

<b>DOCUMENT # P03000103430</b> 1. Entity Name <b>HALSTEAD RESOURCES, INC.</b>					
Principal Place of Business <b>1103 S. RIVERSIDE DR. EDGEWATER, FL 32132 US</b>			Mailing Address <b>1103 S. RIVERSIDE DR. EDGEWATER, FL 32132 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-0252197</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HAYNES, HAROLD 1103 S. RIVERSIDE DR. EDGEWATER, FL 32132</b>				7. Name and Address of New Registered Agent Name <b>Daniel S. Friebis</b> Street Address (P.O. Box Number is Not Acceptable) <b>3890 Turtle Creek Dr., Suite B-1</b> City <b>Port Orange</b>	
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.				FL Zip Code <b>32127</b>	
SIGNATURE 				DATE <b>5/14/04</b>	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME HAYNES, HAROLD STREET ADDRESS 1103 S. RIVERSIDE DR. CITY-ST-ZIP EDGEWATER, FL 32132				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S <input type="checkbox"/> Delete NAME HAYNES, HAROLD STREET ADDRESS 1103 S. RIVERSIDE DR. CITY-ST-ZIP EDGEWATER, FL 32132				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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					
Date <b>5-14-04</b> Daytime Phone # <b>386 4095495</b>					

**54054725**



05142004 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0252197**

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

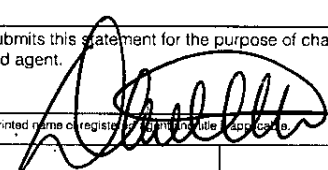
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name  
**Daniel S. Friebis**  
Street Address (P.O. Box Number is Not Acceptable)  
**3890 Turtle Creek Dr., Suite B-1**

City  
**Port Orange** FL Zip Code  
**32127**

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  DATE  
**5/14/04**

FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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STREET ADDRESS 1103 S. RIVERSIDE DR.  
CITY-ST-ZIP EDGEWATER, FL 32132

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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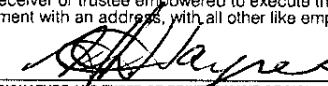
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SIGNATURE:  DATE  
**5-14-04** Daytime Phone # **386 4095495**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR