


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90049 049 ***150.00

| | |
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| DOCUMENT # P04000040252 |  |
| 1. Entity Name HALBACH ENTERPRISES, INC. | |

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| Principal Place of Business 325 STONEHURST PARKWAY ST AUGUSTINE FL 32092 | Mailing Address 325 STONEHURST PARKWAY ST AUGUSTINE FL 32092 |
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| 2. Principal Place of Business OFFSITE/HOME | 3. Mailing Address 325 Stonehurst Pkwy |
| Suite, Apt. #, etc. 325 Stonehurst Pkwy | Suite, Apt. #, etc. |
| City & State St. Augustine FL | City & State St. Augustine FL |
| Zip 32092 | Zip 32092 |
| Country USA | Country USA |



1st MOORE CR2E034 (10/04)

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| 4. FEI Number 20 109 3629 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FONTAINE JENNIFER R 325 STONEHURST PARKWAY ST AUGUSTINE FL 32092 | |
| 7. Name and Address of New Registered Agent Name Jennifer R. Halbach Street Address (P.O. Box Number is Not Acceptable) 325 Stonehurst Pkwy City St. Augustine FL Zip Code 32092 | |

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 *Jennifer Rodriguez Halbach* DATE 2-14-05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. *ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|--|--|
| TITLE P | <input type="checkbox"/> Delete | TITLE President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME FONTAINE JENNIFER R | married on 4/17/04 | NAME Halbach, Jennifer R. | |
| STREET ADDRESS 325 STONEHURST PARKWAY | | STREET ADDRESS 325 Stonehurst Pkwy | |
| CITY-ST-ZIP ST AUGUSTINE FL 32092 | | CITY-ST-ZIP St. Augustine, FL 32092 | |
| TITLE VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HALBACH, VICTOR M III | | NAME | |
| STREET ADDRESS 325 STONEHURST PARKWAY | | STREET ADDRESS | |
| CITY-ST-ZIP ST AUGUSTINE FL 32092 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Jennifer Rodriguez Halbach* DATE 2-14-05 (904)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR