

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000170951

Entity Name: HALO RENOVATION, INC.

FILED  
Apr 12, 2009  
Secretary of State

## Current Principal Place of Business:

106 S. WELLS ST.  
PANAMA CITY BEACH, FL 32413

## New Principal Place of Business:

49A BRENTWOOD LN  
SANTA ROSA BEACH, FL 32459

## Current Mailing Address:

106 S. WELLS ST.  
PANAMA CITY BEACH, FL 32413

## New Mailing Address:

49A BRENTWOOD LN  
SANTA ROSA BEACH, FL 32459

FEI Number: 20-1294662

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOWE, BRANDON W  
106 S. WELLS ST.  
PANAMA CITY BEACH, FL 32413 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOWE, BRANDON W  
Address: 106 S. WELLS ST.  
City-St-Zip: PANAMA CITY BEACH, FL 32413

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LOWE, BRANDON W  
Address: 49 A BRENTWOOD LN  
City-St-Zip: SANTA ROSA BCH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRANDON LOWE

PRES

04/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date