2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000149665

1. Entity Name
ROBERT HALSTEAD, INC.

Principal Place of Business	Mailing Address
647 WOODBINE DRIVE PENSACOLA, FL 32503	647 WOODBINE DRIVE PENSACOLA, FL 32503

DO NOT WRITE IN THIS SPACE

03032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
51-0562062	Not Applicable

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

6. Name and Address of Current Registered Agent

MONROE, KATHLYN E
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	HALSTEAD, ROBERT S
STREET ADDRESS	647 WOODBINE DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	TS
NAME	HALSTEAD, TANYA
STREET ADDRESS	647 WOODBINE DR
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000731590
05/09/07-80011-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   4/4/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #