

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000084523

1. Entity Name
HALEY SHORE & ASSOCIATES, INC.



Principal Place of Business
**4723 W. ATLANTIC AVE.
SUITE 21
DELRAY BEACH, FL 33445 US**

Mailing Address
**4723 W ATLANTIC AVE.
SUITE 21
DELRAY BEACH, FL 33445 US**



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0452371

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHORE, DENNIS
4723 W. ATLANTIC AVE., #21
DELRAY BEACH, FL 33445**

**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 renewing)

DATE _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 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 **SHORE, DENNIS**
STREET ADDRESS **23435 RAKELLE CIRCLE**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **D**
NAME **HALEY, THOMAS B**
STREET ADDRESS **6552 PATIO LANE**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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000000400512
02/02/06-80007-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Thomas B. Haley* **THOMAS B. HALEY**

1/21/06
Date

561-498-2884
Citywide Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR