

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000008409

Entity Name: HALSAM ENTERPRISES, INC.

FILED  
Apr 15, 2008  
Secretary of State

## Current Principal Place of Business:

4559 SHADOWLEAF DRIVE  
SARASOTA, FL 34233

## New Principal Place of Business:

## Current Mailing Address:

4559 SHADOWLEAF DRIVE  
SARASOTA, FL 34233

## New Mailing Address:

FEI Number: 65-0464274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KING, CLIFFORD M  
100 WALLACE AVENUE  
STE 380  
SARASOTA, FL 34237 US

## Name and Address of New Registered Agent:

KING, CLIFFORD M  
1900 MAIN ST  
SUITE 700  
SARASOTA, FL 34236 US

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:

04/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVP ( ) Delete  
Name: SMITH, MARVIN H.  
Address: 4559 SHADOWLEAF DR  
City-St-Zip: SARASOTA, FL

Title: S ( ) Delete  
Name: SMITH, HARRY A  
Address: 4559 SHADOWLEAF DR  
City-St-Zip: SARASOTA, FL

Title: T ( ) Delete  
Name: SMITH, SAMUEL E  
Address: 4559 SHADOWLEAF DR  
City-St-Zip: SARASOTA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVP (X) Change ( ) Addition  
Name: SMITH, MARVIN H.  
Address: 4559 SHADOWLEAF DR  
City-St-Zip: SARASOTA, FL 34233 US

Title: S (X) Change ( ) Addition  
Name: SMITH, HARRY A  
Address: 4559 SHADOWLEAF DR  
City-St-Zip: SARASOTA, FL 34233 US

Title: T (X) Change ( ) Addition  
Name: SMITH, SAMUEL E  
Address: 4559 SHADOWLEAF DR  
City-St-Zip: SARASOTA, FL 34233 US

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: MARVIN H. SMITH

PVP

04/15/2008

Electronic Signature of Signing Officer or Director

Date