

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90088 033 \*\*\*158.75

**DOCUMENT # P94000062884**

1. Entity Name

HALE MULTI-MANAGEMENT, INC.



Principal Place of Business

1704 ALABAMA AVE  
PANAMA CITY FL 32401

Mailing Address

1704 ALABAMA AVE  
PANAMA CITY FL 32401

30013444



2. Principal Place of Business

5615 GULF DRIVE

Suite, Apt. #, etc.

3. Mailing Address

5615 GULF DRIVE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

PANAMA CITY BEACH, FL

City & State

PANAMA CITY BEACH, FL

4. FEI Number

59-3286425

Applied For

Not Applicable

Zip

32408

Country

Zip

32408

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALE, CHARLES E  
1704 ALABAMA AVE  
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

HALE CHARLES E

Street Address (P.O. Box Number is Not Acceptable)

5615 GULF DRIVE

City

PANAMA CITY BEACH

FL

Zip Code

32408

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete  
NAME HALE, CHARLES E  
STREET ADDRESS 1704 ALABAMA AVE  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE S/T ☐ Delete  
NAME HALE, HOLLY  
STREET ADDRESS 5615 GULF DRIVE  
CITY-ST-ZIP PANAMA CITY FL 32408

TITLE P ☐ Delete  
NAME HALE, KAREN  
STREET ADDRESS 5615 GULF DRIVE  
CITY-ST-ZIP PANAMA CITY FL 32408

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/06 (850) 249-8447