
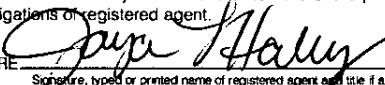
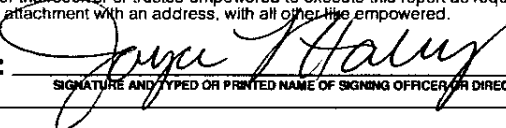


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90017 036 ***150.00

DOCUMENT # P97000010108			
1. Entity Name HALEY CUSTOM HOMES, INC.			
Principal Place of Business 3290 S. UNIT 39-B ST AUGUSTINE, FL 32086		Mailing Address 216 WISTERIA ROAD ST AUGUSTINE, FL 32086 US	
2. Principal Place of Business 6908 Cypress Lake Ct.		3. Mailing Address 6908 Cypress Lake Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Augustine, FL		City & State St. Augustine	
Zip 32086	Country St. Johns	Zip 32086	Country St. Johns
4. FEI Number 59-3427193		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALEY, JOYCE L 216 WISTERIA ROAD ST AUGUSTINE, FL 32086		7. Name and Address of New Registered Agent Name Joyce L Haley Street Address (P.O. Box Number is Not Acceptable) 6908 Cypress Lake Ct. City St. Augustine FL Zip Code 32086	
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:  DATE: 3/5/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALEY, SCOTT A <input type="checkbox"/> Delete 6908 Cypress Lake Ct. 216 WISTERIA ROAD ST AUGUSTINE, FL 32086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HALEY, JOYCE L <input type="checkbox"/> Delete 6908 Cypress Lake Ct. 216 WISTERIA ROAD ST AUGUSTINE, FL 32086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date: 3/5/04 Daytime Phone #: (904) 495-0121	

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01092004 Chg-P CR2E034 (10/03)