

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90173 036 ***150.00

DOCUMENT # P97000046474

1. Entity Name
HALSTEAD ENTERPRISES, INC.



Principal Place of Business
**2815 EAST CERVANTES ST
PENSACOLA, FL 32503 US**

Mailing Address
**3310 LOGAN DRIVE
PENSACOLA, FL 32503 US**

400265003



2. Principal Place of Business

3. Mailing Address

585 Bay Cliff Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102006

Chg-P

CR2E034 (11/05)

City & State

City & State

Gulf Breeze, FL

4. FEI Number

59-3446839

Applied For

Not Applicable

Zip

Country

Zip

Country

32561

Santa Rosa

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAYBOUN, MICHAEL C
105 E GREGORY SQUARE
PENSACOLA, FL 32501**

Name

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

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HALSTEAD, JAMES**
STREET ADDRESS **3310 LOGAN DRIVE**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☒ Change ☐ Addition
NAME **585 Bay Cliff Circle**
STREET ADDRESS **Gulf Breeze, FL 32561**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HALSTEAD, PAMELA**
STREET ADDRESS **3310 LOGAN DRIVE**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☒ Change ☐ Addition
NAME **585 Bay Cliff Circle**
STREET ADDRESS **Gulf Breeze, FL 32561**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-06

8504339972