

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000046474

1. Entity Name
HALSTEAD ENTERPRISES, INC.



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

Mailing Address
585 BAY CLIFF CIRCLE
GULF BREEZE, FL 32561 US



03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3446839

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 HALSTEAD, JAMES
STREET ADDRESS 585 BAY CLIFF CIRCLE
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE D
NAME HALSTEAD, PAMELA
STREET ADDRESS 585 BAY CLIFF CIRCLE
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE
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STREET ADDRESS
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03/20/07-80062-024 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-07 8504339910