


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90004 031 ***150.00

DOCUMENT # P99000056301 1. Entity Name M&S HALE, INC.			
Principal Place of Business C/O HALE INDIAN RIVER GROVES P O BOX 700217 WEBASSO FL 32970		Mailing Address C/O HALE INDIAN RIVER GROVES P O BOX 700217 WEBASSO FL 32970	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>c/o Susan Hale</i> <i>Hale Groves</i> Suite, Apt. #, etc. <i>P O Box 700217</i>	
City & State		City & State <i>Webasso, FL</i>	
Zip <i>32970</i>	Country <i>USA</i>	4. FEI Number 65-0932333	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent HENRY, THORNTON M 505 S FLAGLER DR, 11TH FL WEST PALM BEACH FL 33401		7. Name and Address of New Registered Agent Name <i>Susan B. Hale</i> Street Address (P.O. Box Number is Not Acceptable) <i>c/o Hale Groves</i> <i>9255 US Hwy #1</i> City <i>Webasso</i> FL Zip Code <i>32970</i>	
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 <i>Susan B. Hale</i> <i>Susan B. Hale</i> <i>3-1-04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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	D <input type="checkbox"/> Delete HALE, STEPHEN C JR P O BOX 700217 WABASSO FL 32976	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HALE, MARY D P O BOX 700217 WABASSO FL 32976	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: <i>Stephen C Hale</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>3/1/04</i> <small>Date</small>	
<small>Daytime Phone #</small>			

54015963



MOORE CR2E034 (11/03)