


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90033 036 ***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 SUSAN HALE HALE GROVES P O BOX 700217 WEBASSO, FL 32970		
2. Principal Place of Business - No P.O. Box # 8965 PALM BREEZE TERRACE		3. Mailing Address P.O. Box 700247			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State VERO BEACH, FL		City & State WABASSO, FL		4. FEI Number 65-0932333	
Zip 32963		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALE, SUSAN B C/O HALE GROVES 9255 US HWY #1 WABASSO, FL 32970		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8965 PALM BREEZE TERRACE City VERO BEACH FL Zip Code 32963			
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 <u><i>Susan B. Hale</i></u> 1-10-07 <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, 2007 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	D HALE, STEPHEN C JR P O BOX 700217 WABASSO, FL 32976 <input checked="" 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	D HALE, MARY D P O BOX 700217 WABASSO, FL 32976 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 700247 WABASSO, FL 32970	
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	
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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 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: <u><i>Susan B. Hale</i></u> SUSAN B. HALE 1/10/07 (772) 231-9519 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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