## 2004 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Feb 09, 2004 08:00 AM Secretary of State DOCUMENT # P99000060390 1. Entity Name 5571 HALIFAX, INC. Principal Place of Business Mailing Address 5571 HALIFAX AVENUE 5571 HALIFAX AVENUE FORT MYERS, FL 33912 FORT MYERS, FL 33912 CR2E034 (10/03) 01062004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0931669 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOLAND, JOHN DO NOT WRITE 1715 MONROE STREET FORT MYERS, FL 33901 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS U000000041623 10. 02/09/04-80096-016 150.00 TITLE HARPER, DANIEL R NAME 5571 HALIFAX AVENUE STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 TITLE HARPER, DANIEL S NAME STREET ADDRESS 5571 HALIFAX AVENUE FORT MYERS, FL 33912 CITY-ST-ZIP INGE, RONALD E NAME STREET ADDRESS 5571 HALIFAX AVENUE DO NOT WRITE FORT MYERS, FL 33912 CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 sectiate 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR