

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000092962

Entity Name: HALE INSURANCE SERVICES, INC.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

2119 N.W. 11TH DRIVE
CHIEFLAND, FL 32626

New Principal Place of Business:

6891 NW 88 LANE
CHIEFLAND, FL 32626

Current Mailing Address:

2119 N.W. 11TH DRIVE
CHIEFLAND, FL 32626

New Mailing Address:

6891 NW 88 LANE
CHIEFLAND, FL 32626

FEI Number: 59-3594392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALE, LEONORA L
2119 N.W. 11TH DRIVE
CHIEFLAND, FL 32626 US

Name and Address of New Registered Agent:

HALE, LEONORA L
6891 NW 88 LANE
CHIEFLAND, FL 32626 US

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.

SIGNATURE: LEONORA L. HALE

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HALE, LEONORA L
Address: 2119 NW 11 DR
City-St-Zip: CHIEFLAND, FL 32626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HALE, LEONORA L
Address: 6891 NW 88 LANE
City-St-Zip: CHIEFLAND, FL 32626

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONORA L. HALE

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date