

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000100950		
1. Entity Name HALSTED RIVERS, INC.		
Principal Place of Business 5125 CASTELLO DR. NAPLES, FL 34103		Mailing Address 5125 CASTELLO DR. NAPLES, FL 34103
DO NOT WRITE IN THIS SPACE		
		01152004 No Chg-P CR2E034 (10/03)
		4. FEI Number 54-1718871
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MILLER, ROGER 5125 CASTELLO DR. NAPLES, FL 34103		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS HOPKINS, JEANNETTE 10 BROWN ST. PROVIDENCE, RI 029061111	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT HOPKINS, RICHARD 10 BROWN ST. PROVIDENCE, RI 029061111	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, ROGER 5125 CASTELLO DR. NAPLES, FL 34103	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 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 		DO NOT WRITE IN THIS SPACE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 5 JAN 04 Daytime Phone # _____