## 2004 FOR PROFIT GORPORATION ANNUAL REPORT DOCUMENT # P99000105411 1. Entity Name HALDER, INC. Principal Place of Business Mailing Address 19 RACETRACK ROAD, N.E. FT. WALTON BEACH, FL 32547 19 RACETRACK ROAD, N.E. FT. WALTON BEACH, FL 32547 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

SIGNATURE:

**FILED** Apr 26, 2004 08:00 AM Secretary of State



01072004 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3614576 Applied For Not Applicable

\$8.75 Additional 5. Certificate of Status Desired Fee Required

858-

HALDER, MICHAEL K 19 RACETRACK ROAD, N.E. FT. WALTON BEACH, FL 32547			DO NOT WRITE IN THIS SPACE	
	named entity submits this statement for the plons of registered agent.	urpose of changing its registered	office or registered agent, or bot	h, in the State of Florida. I am fam⊞ar with, and accept
JIGINATURE.	Signature typed or printed name of registered agent and title in	applicable. NOTE Registered Ac	ent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financir     Trust Fund Contribution.	98 \$5.00 May 8e Added to Fees	
10.	OFFICERS AND DIREC	TORS		
BILE NAME STREET ADDRESS CITY-ST-ZIP	D HALDER, MICHAEL K 19 RACETRACK ROAD, N.E. FT. WALTON BEACH, FL 32547		, <del></del>	
NAME STREET ADDRESS CITY ST-ZIP				000000132476 04/27/04-80048-014 158.00
THE NAME STREET ADDRESS CHY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST- ZIP			IN T	THIS SPACE
TITLE NAME STREET ADDRESS CRY-ST-ZIP				
TITLE NAME STREET ADDRESS CIFY-ST-ZIP				
12. I hereby of indicated of the corchanged,	entity that the triormation supplied with this fi on this report or supplemental report is true a poration or the receiver printing empowers or on an attachment with an address, with all	ling does not qualify for the exemption accurate and that my signatured to execute this report as required other like empowered.	ition stated in Section 119.07(3)( a shall have the same legal effec i by Chapter 607, Florida Statute	i), Florida Statutes. I further certify that the information at as if made under cath; that I am an officer or director is; and that my name appears in Block 10 or Block 11 if