

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000111428

Entity Name: HALIFAX ENTERPRISES, INC.

**FILED**  
**May 27, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

420 PAINTER AVE.  
DELAND, FL 32120

**New Principal Place of Business:**

**Current Mailing Address:**

1471 TOBE WELLS ROAD  
ELBERTON, GA 30635

**New Mailing Address:**

FEI Number: 59-3631679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MALIK, JOHN J  
1471 TOBE WELLS ROAD  
ELBERTON, FL 30635 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: MALIK, JOHN J  
Address: 1471 TOBE WELLS ROAD  
City-St-Zip: ELBERTON, GA 30635

Title: SEC ( ) Delete  
Name: MALIK, CONNIE N  
Address: 1471 TOBE WELLS ROAD  
City-St-Zip: ELBERTON, GA 30635

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VST (X) Change ( ) Addition  
Name: MALIK, CORNELIA N  
Address: 1471 TOBE WELLS ROAD  
City-St-Zip: ELBERTON, GA 30635

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN J. MALIK

PRES

05/27/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date