


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # S03735</b> 1. Entity Name <b>HALO PLANTS, INC.</b>	
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Principal Place of Business <b>30242 CR. #437 SORRENTO, FL 32776 US</b>	Mailing Address <b>P O BOX 1285 SORRENTO, FL 32776 US</b>
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**DO NOT WRITE IN THIS SPACE**



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3034254</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**HARRIS, STANLEY  
17323 LAKE STREET  
UMATILLA, FL 32784**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000006754 02/26/04-80029-001 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST HARRIS, STANLEY 17323 LAKE STREET UMATILLA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PENLEY, KRISTIE 19031 BAKER RD UMATILLA, FL</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Kristie Penley* **Kristie Penley** **2/16/04** **352/383-9342**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #