


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90094 050 ***150.00

| | | | | | |
|---|---|---------------------------------|---|---|---|
| DOCUMENT # S64572 1. Entity Name HALCYON THERAPY INC. | | | |  | |
| Principal Place of Business 1915 E. BAY DRIVE STE. B-1 LARGO FL 33771 US | | | Mailing Address 1915 E. BAY DRIVE STE. B-1 LARGO FL 33771 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. B-2 City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. B-2 City & State Zip Country | | |
| 4. FEI Number 59-3080616 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent BRADY, TIMOTHY D. 125 JUDY LEE DR LARGO FL 34641 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 <i>[Signature]</i> (NOTE Registered Agent signature required when reinstating) 3-1-05 DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State. | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRADY, TIMOTHY D. 125 JUDY LEE DR LARGO FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRADY, BONNIE E. 125 JUDY LEE DR LARGO FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 3-1-05 (7-27) 584-5200 Date Daytime Phone # | | |