


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

| | |
|---------------------------------------|---|
| DOCUMENT # V61422 |  |
| 1. Entity Name HALIDA, INC. | |

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|--|--|
| Principal Place of Business 9524 BLIND PASS ROAD SUITE # 5 ST. PETERSBURG BEACH, FL 33706 US | Mailing Address 9524 BLIND PASS ROAD SUITE # 5 ST. PETERSBURG BEACH, FL 33706 US |
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DO NOT WRITE IN THIS SPACE

02152005 No Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 59-3140245 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**MENNICKEN, HALIDA I MRS.
9524 BLIND PASS ROAD
SUITE # 5
ST. PETERSBURG BEACH, FL 33706**

**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 *Halida Mennicken* **HALIDA MENNICKEN president** **4/28/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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

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|--|--|
| TITLE PRES | NAME MENNICKEN, HALIDA I MRS. |
| STREET ADDRESS 629 BAMBOO DRIVE S. | CITY-ST-ZIP ST. PETERSBURG, FL 33707 |
| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
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| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |

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IN THIS SPACE**

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05/05/05-80078-009 150.00

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 *Halida Mennicken* **HALIDA MENNICKEN** **4/28/05 727-367-6188**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #