

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 673588 1. Entity Name HALKEY-ROBERTS CORPORATION	
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Principal Place of Business 11600 DR M L KING JR ST NORTH ST. PETERSBURG, FL 33716-2397 US	Mailing Address 11600 DR M L KING JR ST NORTH ST. PETERSBURG, FL 33716-2397 US
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2013247	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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.

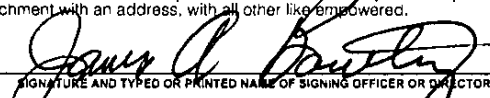
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000645097 03/02/07-80069-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LECCEARDONE, LEWIS 11600 DR M L KING JR ST NORTH ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRICKLAND, JEFFERY 1 ALLENTOWN PARKWAY ALLEN, TX 750024211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BATTAT, EMILE 1 ALLENTOWN PARKWAY ALLEN, TX 750024211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUCIUS, JOHN 11600 DR M L KING JR ST NORTH ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWLING, JAMES 11600 DR M L KING JR ST NORTH ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATTAT, DAVID 11600 DR.M L KING JR ST NORTH ST. PETERSBURG, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **2/20/07**

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