

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000000222

FILED
Dec 15, 2004
Secretary of State

Entity Name: HALE FINANCIAL SERVICES, INC.

Current Principal Place of Business:

122 ALACHUA LANE
ALBANY, GA 31707

New Principal Place of Business:

2212 DONCASTER DRIVE
ALBANY, GA 31707

Current Mailing Address:

122 ALACHUA LANE
ALBANY, GA 31707

New Mailing Address:

2212 DONCASTER DRIVE
ALBANY, GA 31707

FEI Number: 58-1902156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURKE, M. TODD ESQ
BURKE & BURKE, P.A.
215 GRAND BLVD., STE 101
SANDESTIN, FL 32550 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: HALE, EDWARD B JR
Address: 122 ALACHUA LANE
City-St-Zip: ALBANY, GA 31707

Title: D () Delete
Name: HALE, EDWARD B SR
Address: 122 ALACHUA LANE
City-St-Zip: ALBANY, GA 31707

Title: STD () Delete
Name: HALE, THOMAS M
Address: 122 ALACHUA LANE
City-St-Zip: ALBANY, GA 31707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: HALE, EDWARD B JR
Address: 2212 DONCASTER DRIVE
City-St-Zip: ALBANY, GA 31707

Title: D (X) Change () Addition
Name: HALE, EDWARD B SR
Address: 2212 DONCASTER DRIVE
City-St-Zip: ALBANY, GA 31707

Title: STD (X) Change () Addition
Name: HALE, THOMAS M
Address: 2212 DONCASTER DRIVE
City-St-Zip: ALBANY, GA 31707

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS M. HALE

STD

12/15/2004

Electronic Signature of Signing Officer or Director

_____ Date