

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S38483

FILED  
May 18, 2005  
Secretary of State

Entity Name: HALO MANAGEMENT, INC.

**Current Principal Place of Business:**

7521 OAKHAVEN TRACE  
NASHVILLE, TN 37209 US

**New Principal Place of Business:**

162 BALTUSROL RD  
FRANKLIN, TN 37069 US

**Current Mailing Address:**

7521 OAKHAVEN TRACE  
NASHVILLE, TN 37209 US

**New Mailing Address:**

162 BALTUSROL RD  
FRANKLIN, TN 37069 US

FEI Number: 59-3077405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLEN, ROBERT G  
3040 GULF TO BAY BLVD SUITE 200A  
CLEARWATER, FL 34619 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: D ( ) Delete  
Name: ALLEN, ROBERT G  
Address: 7521 OAKHAVEN TRACE  
City-St-Zip: NASHVILLE, TN 37209

Title: D ( ) Delete  
Name: ALLEN, LESA L  
Address: 7521 OAKHAVEN TRACE  
City-St-Zip: NASHVILLE, TN 37209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ALLEN, ROBERT G  
Address: 162 BALTUSROL RD  
City-St-Zip: FRANKLIN, TN 37069

Title: D (X) Change ( ) Addition  
Name: ALLEN, LESA L  
Address: 162 BALTUSROL RD  
City-St-Zip: FRANKLIN, TN 37069

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: LESA L ALLEN

D

05/18/2005

Electronic Signature of Signing Officer or Director

Date