

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

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PROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR	2005
filing Period: January 1 - March 1 💎 🔹	Filing Fee: \$50.00	

(FORM MUST BE TYPED OR PRIN	TED IN BIACK)				
1. Corporate ID No. 119796	2. Name of Corporation HALEY CONSTR	HCTION INC			
3 Street Address Principal Business C		OUT ION, HIG.	Ta.	I com	70.
900 0	RANGE	AUE	BAYTONA BO	H FLORIDA	32114
4. Business Phone No. 5. State of Incorporation 6. SIC GO State of Incorporation 6. SIC GO FLORIDA				6. SIC Gode	
7. Brief Description of the Character of TO BUILD A RESTAUR.	of Business Conducted in R ANT.	bode Island			
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA		PACES BEFORE USING A	TTACHMENTS
President Name DAW AA	LEY		Phillip	LALEY	_
Sirvet Address 900 OR	ANGE.	Auc	900 ORA	NGE AU	E
Secretary Name	FLD CIDA	32114	DAYTONA BC	n Florida	32114
TheresA	NALEY		Treative rame		·
9100 DRANG	E AUZ		Street Address		
NAVTONA Beh	State FLACING	Zip 32114	City	State	Zlp
9. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	S: ("X" BOX FOR ATT	·ACHMENT) [] FILL IN	SPACES BEFORE USING	ATTACHMENTS
DAN NA	LEY				
900 DRAN	LE AUE	<u>:</u>	Street Address		
DANTONA BLA	FLOR, DA	32114	City	State	Zip
Director Name	JALEJ	,	Director Nume	••••	
Sirver Address OrAWO	GE AUE		Street Address		
DAYTHA BCH	state FL	Zip 32114	City:	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	"X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (5	x" box for attachmi	(T/N [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value
7,000 COMM \$1.00 PAR VAI	LUE		900	Common	1.00
			700		
This report must be s	igned in ink by cithe	r the President, Vice Pr	l resident, Secretary, Assistan	t Secretary, Treasurer, Re	ceiver or Trustee
					_
			Under penalty of perju	ary, I declare and affirm that	I have examined this report.
	119796	1	including any accomp	anying schedules and statem	ents, and that all statements
File Date	8/04				1-13-05
Check No	5708		Signature of Officer	1/0/5/	Date
Ву:) A		Print or Type Name of	Officer /	
FOR SECRETARY OF STA	ATE USE ONLY		Tille of Officer	ANT	



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Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Filing Period: January 1 - Ma (FORM MUST BE TYPED OR PRINT	_	Fee: \$50.00			
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3. Street Address Principal Business Of	NCE A	NENUE	Cuy DAYTONA B.	ch FLori DA	32114
1. Business Phone No. 3RL 944 1	1420	5. State of Incorporation FLORIDA	,		6 SIC Code
7. Brief Description of the Character of TO BUILD A RESTAURAL					<u> </u>
8. NAMES AND ADDRESSES (("X" BOX FOR ATTAC	CHMENT) TILL IN S	PACES BEFORE USING A	TTACHMENTS
President Name	LEY	-	Vice President Name Phillo Y	JALEY	
sircei Address 900 ORAW	1512 AU	[£	Street Address Or	ANTE AU	E
City Secretary Spine	FLORIDA	^{zip} 32114	DA VIDUA BCH Treasilier Name	FLATISA	^{zip} 32 114
THELESA	NACEY	/			
Sircer Address DRA	NZ AU	ENUB	Street Address		
DAYTONA BU	FLORIDA	3a114	City	State	Zip
9. NAMES AND ADDRESSES (Director Name	of the directors	: ("X" BOX FOR ATT	ACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
Sircei Address OCA	UCE A	VE	Street Address		
WAY BUABCH	Siare (-Coil)	32114	Спу	State	Zip
Phill P	ALEY		Director Name		
Sincer suidiness DRAN	16= AU	IE	Street Address		
WAJONA BLA	State Florilly	32/14	City	State	Zip
10. SHARES AUTHORIZED (AUTHORIZED SHARES	-X. BOX FOR ATTA	CHMENI) [ISSUED SHARES	"X" BOX FOR ATTACHMI	: · · · · · · · · · · · · · · · · · · ·
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
7,000 COMM \$1.00 PAR VAL	JE		900	Common	1,00
This report must be si	gned in thk by cithe	r the President, Vice Pr	esident, Secretary, Assista	nt Secretary, Treasurer, Re	ceiver or Trustee
	1 9 7 9 6	*		jury, I declare and affirm that panying schedules and statem	
File Date 6.79 Check No. 175	-04 8		Signature of Officer	True and correct.	5-12.04 LEX
FOR SECRETARY OF STA	TE USE ONLY		Print or Type Name of Title of Officer	Officer DNT	
	·-·· · · · · · · · · · · · · · · · · ·		v _j o _{jjine.}		Form 630 Rev. 12/03

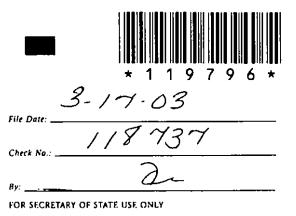
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>2003</u>



Filing Period: Janua		Filing Fee: \$50.00		2 12/1K <u>- 199</u>	PLEASE INSTRU
FORM MUST BE TYPED OR PRIN					
I. Corporate ID No. 119796	2. Name of Corporat HALEY CON	STRUCTION, INC.			
3 Street Addings Principal System	us Office	_	City A	D) State	Zip 😙
,	ORANGE		DAYTON A	Beh FL	32114
4. Business Phone No. 386 944 7. Brief Description of the Charac		5. State of Incorporation FLORIDA	on		6. SIC Code
	41 CONS		Clommorci	nl)	
8. NAMES AND ADDRE	•	• =	ACHMENT) FILL IN SPACES	BEFORE USING ATTAC	HMENTS
President Name	10/5/		Vice President Name	WALEY	
900 DRA.	NGE AUN	5	Succe Address 900 DAM CONATONAB	INGE AU	E
No to a P. 6	State E/	7.1p	1 Dartona B	State - h =/	7.ip .22114
Secretary Name		Jany	Treasurer Name	211 1-1	Oann
ThorasA	WALEY				
Street Address	11/2 /11	011110	Street Address		
CUV CUV	State	XVVI=	City	State	Zip
Suren Addiess 900 ORA CUV DAYTONA BC	h FL	32114	/		
Y, NAMES AND ADDRI Dissess News	ESSES OF THE DIKE	LIONS (X BOX FOR)	ATTACHMENT) FILL IN SPAC Director Name	ES BEFORE USING ATTA	ACHMENTS
NAN/EU	L H NA	LEY			•
Street Address		1	Street Address		
- 900 VA	ANC-E.	YUDWULL	City	State	Zip
Street Address 900 DA City Director Name	h FL	3 <i>a7</i> 79	Conty	515-1	
Director/Name	11.1.		Director Name		•
Street Address	MALEY		Street Address		
900 DA	ANGE A	JUFANE	Sixti Addition		
		7.1p	City	State	ZIp
DAYTONA B< 10. SHARES AUTHORIZ AUTHORIZED SHARES	M FC ZED (*X* BOX FOR ATTA	JATTY ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT	r)
Number of Shares	Class/Series	Par Volue	Number of Shares	Class/Series	Par Value
7,000 COMM \$1.00 PAR	R VALUE		900 (ommo)	u Common	1.00
			*	· · · · · · · · · · · · · · · · · · ·	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

| -30-03

hat all statements contained	herein are true and correct.
	1-30-03
Signature of Officer	Date
DANIEL	H XIALEY
rint or Type Name of Officer	
PRESIDO	NT
Title of Officer	Fam 630 12/02



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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(FORM MUST BE TYPED IN BLACK)

1. Corporate II)	No.
------------------	-----

2. Name of Corporation

119796

HALEY CONSTRUCTION, INC.

3. Street Address Principal Business Office

FLORIDA

7. Brief Description of the Character of Business Conducted in Rhode Island

CONSTRUCTION

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BO	BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
President Name	

H HALEY Street Address City 15 Granuille CR DAYTONA BUIL FL 2103/118

NALEY ThEraSA

GRANUILLE CR

NAYTONA BCH FL

State

BAYTON A BCh FLOIDA 219321

NONE

NONE

City State Z.ip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name

HALEY

15 Granuille CK DAYTONA Ben FL 31118

HERESA HALEY

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

7,000 COMM \$1.00 PAR VALUE

Street Address

State

Street Address

Zip

Zip

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

State

1500

Common

1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

that all statements contained herein are true and correct

Title of Officer