

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

05-07-2008 90110 035 ***150.00

DOCUMENT # 127850

1. Entity Name
HALL EQUITY CORPORATION



Principal Place of Business
**ONE TAMPA CITY CENTER
SUITE 2760
TAMPA, FL 33602-5163**

Mailing Address
**ONE TAMPA CITY CENTER
SUITE 2760
TAMPA, FL 33602-5163**

66013179



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0632969

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HALL, H. THOMAS
5215 S NICHOL ST
TAMPA, FL 33611**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PDTS
NAME	HALL, H. THOMAS
STREET ADDRESS	5215 S NICHOL ST
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	V
NAME	HALL, III H. THOMAS
STREET ADDRESS	5215 S NICHOL ST
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	HALL, PHILIP W.
STREET ADDRESS	7000 LONGBOAT DRIVE NORTH
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	D
NAME	GINGHER, RICK (MRS.)
STREET ADDRESS	820 BASS LANDING PLACE
CITY-ST-ZIP	GREENSBORO, NC 27455

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 10, 2008 813-218-0652