

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 516342**

1. Entity Name  
JAMES E. HALL, JR., D.M.D., P.A.



Principal Place of Business  
2400 MICHIGAN AVE., SUITE 11  
PENSACOLA, FL 32526

Mailing Address  
2400 MICHIGAN AVE., SUITE 11  
PENSACOLA, FL 32526



07172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1925220

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HALL, KAREN M.  
11552 CLEAR CREEK DR.  
PENSACOLA, FL 32514

**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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, JAMES E. JR. 11552 CLEAR CREEK DR. PENSACOLA FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HALL, KAREN M 11552 CLEAR CREEK DR. PENSACOLA, FL 32514
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07/19/07-80002-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

7.17.07 8509449255