


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91044 038 ***150.00

DOCUMENT # F84701 1. Entity Name WILLIAM R. HALL, INC.			
Principal Place of Business 4725 W KNIGHTS AVE. TAMPA, FL 33611		Mailing Address 4725 W KNIGHTS AVE. TAMPA, FL 33611	
2. Principal Place of Business 2916 W. Tyson Ave Suite, Apt. #, etc.		3. Mailing Address PO Box 130157 Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33611		Zip 33681-0157	
Country US		Country US	
4. FEI Number 59-2261499		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, WILLIAM R 2000 POINT OVERLOOK DR NE ST PETERSBURG, FL 33703		7. Name and Address of New Registered Agent Name Hall, William R Street Address (P.O. Box Number is Not Acceptable) 2916 W. Tyson Ave City Tampa FL Zip Code 33611	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, WILLIAM R 2000 POINT OVERLOOK DR NE ST PETERSBURG, FL 33703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hall, William R 2916 W. Tyson Ave Tampa, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>William R Hall</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	