


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90009 035 \*\*\*158.75

DOCUMENT # F95000003229					
1. Entity Name <b>FLEMING &amp; HALL, LTD., INC.</b>					
Principal Place of Business <b>10 INDUSTRIAL HIGHWAY AIRPORT BUSINESS COMPLEX LESTER, PA 19113 US</b>			Mailing Address <b>P.O. BOX 608 MEDIA, PA 19063 US</b>		
2. Principal Place of Business - No P.O. Box # <b>10 Industrial Blvd. Airport Bus. Com.</b>		3. Mailing Address <b>2300 Lakeview Phwy</b>			
Suite, Apt. #, etc. <b>Suite 12</b>		Suite, Apt. #, etc. <b>Suite 275</b>			
City & State <b>Lester, PA</b>		City & State <b>Alpharetta, GA</b>		4. FEI Number <b>51-0356077</b>	
Zip <b>19113</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>30004</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent <b>FLEMING, BRIAN C 1100 S. STATE ROAD 7 SUITE 203 MARGATE, FL 33068</b>	
7. Name and Address of New Registered Agent					
Name <b>1201 Brickell Avenue</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>8th Floor</b>					
City <b>Miami</b>					
Zip Code <b>33131</b>					
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 <b>Brian C. Fleming/Manager</b> <i>[Signature]</i> <b>2/6/08</b>					
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLEMING, BRIAN 1100 S. STATE ROAD 7, SUITE 203 MARGATE, FL 33068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Brian Fleming 4845 D. Abbe Drive W. P. B. FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLEMING, LORIE D 3850 HOLCOMB BRIDGE RD., STE 400 NORCROSS, GA 30092	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Lorie D. Fleming 2300 Lakeview Phwy Ste 275 Alpharetta, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John J. Fleming III 2300 Lakeview Phwy Ste 275 Alpharetta, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Linda Lyons 10 Industrial Blvd. Airport Bus. Complex Ste 12 Lester, PA 19113
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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: <i>[Signature]</i> <b>John J. Fleming III</b> <b>02-06-08</b> <b>678-728-6951</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					