

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90033 005 \*\*\*150.00

**DOCUMENT # F96000006893**

1. Entity Name

**HALLBERG MFG. CORPORATION**



Principal Place of Business

**8340 ULMERTON ROAD #232  
LARGO FL 33771**

Mailing Address

**PO BOX 23985  
TAMPA FL 33623**



2. Principal Place of Business

**3660 East Bay**

3. Mailing Address

Suite, Apt. #, etc.  
**#1021**

Suite, Apt. #, etc.

City & State

**LARGO, FL**

City & State

Zip **33771**

**USA**

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

**39-1400638**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HALLBERG, CHARLES  
35571 SR 70 E.  
PO BOX 331  
MYAKKA CITY FL 34251-0331**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

**3-31-06**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **PS HALLBERG, CHARLES**  
STREET ADDRESS **PO BOX 331; 35571 SR 70 E.**  
CITY-ST-ZIP **MYAKKA CITY FL 34251-0331**

TITLE ☒ Delete  
NAME **VP HENGEN, KEN**  
STREET ADDRESS **21036 N. RT. 59**  
CITY-ST-ZIP **BARRINGTON IL 60010**

TITLE ☐ Delete  
NAME **T HALLBERG, CLARK**  
STREET ADDRESS **N6568 ANDERSON DRIVE**  
CITY-ST-ZIP **DELAVER WI 53115**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **VP CLARK HALLBERG**  
STREET ADDRESS **N6568 Anderson Drive**  
CITY-ST-ZIP **DELAVER, WI 53115**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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:**

**CHARLES HALLBERG**

**3/31/06**

**(727) 536-8190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #