2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 04, 2007 8:00 am Secretary of State DOCUMENT # F96000006893 1. Entity Name 04-04-2007 90185 031 ***150.00 HALLBERG MFG. CORPORATION Principal Place of Business Mailing Address 3660 EAST BAY PO BOX 23985 **TAMPA FL 33623** LARGO FL 33771 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number City & State Applied For 39-1400638 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALLBERG, CHARLES HALLBERG, CHARLES Street Address (P.O. Box Number is Not Acceptable) 3660 East Bay 35571 SR 70 E. PO BOX 331 MYAKKA CITY FL 34251-0331 #1021 City LARGO 8. The above named entity submits this statement for the purposo 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 3-23-07 SIGNATURE alure, typed or printed name of registered agon and title r applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete X Change HILE ☐ Addition PS HALLBERG, CHARLES NAME NAME HALLBERG, CHARLES PO BOX 331; 35571 SR 70 E. STREET ADDRESS STREET ADDRESS 3660 Eaast Bay Drive #1021 MYAKKA CITY FL 34251-0331 CITY-ST-ZIP CITY ST-ZIP LARGO, FL 33771 Deleie TITLE THIE ☐ Change Addition HALLBERG, CLARK NAME NAME N6568 ANDERSON DR STREET ADDRESS STREET ADDRESS DELAVAN WI 53115 CITY-ST-ZIP CITY ST-ZIP IIII. ☐ Delete THILL Change ☐ Addition HALLBERG, CLARK NAM NAM N6568 ANDERSON DRIVE STREET ADDRESS STREET ADDRESS **DELAVAN WI 53115** CITY - ST - ZIP CITY - S1 - ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 frue 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.

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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FILED