

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90043 013 \*\*\*150.00

**DOCUMENT # G78936**

1. Entity Name

BUD HALL INC.



Principal Place of Business

4235 MARSH LANDING BLVD #727  
JACKSONVILLE FL 32250  
US

Mailing Address

PO BOX 26896  
JACKSONVILLE FL 32225  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2381902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, H.M.

~~1655 THE GREENS WAY  
#2711~~

~~JACKSONVILLE BEACH FL 32250~~

Name *HALL, H. M.*

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

*4235 Marsh Landing Blvd. #727*

*Jacksonville, FL*

City

**FL**

Zip Code  
*32250*

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 reconstituting)

DATE

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

**After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	HALL, HM	
STREET ADDRESS	<del>1655 THE GREENS WAY #2711</del>	
CITY-ST-ZIP	<del>JACKSONVILLE FL 32260</del>	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HALL, CHERIE A	
STREET ADDRESS	<del>1655 THE GREENS WAY #2711</del>	
CITY-ST-ZIP	<del>JACKSONVILLE BCH FL</del>	
TITLE	DP	<input type="checkbox"/> Delete
NAME	<i>H. M. Hall</i>	
STREET ADDRESS	<i>4235 Marsh Landing Blvd #727</i>	
CITY-ST-ZIP	<i>JACKSONVILLE, FL 32250</i>	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	<i>HALL, Cherie A.</i>	
STREET ADDRESS	<i>4235 Marsh Landing Blvd. #727</i>	
CITY-ST-ZIP	<i>JACKSONVILLE, FL 32250</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*H. M. Hall Bud Hall INC.*

*2-2-08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Outgoing Phone #