May 03, 2004 08:00 AM

2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT					Secretary of State			
DOCUMENT # H70975 1. Entity Name HALL DEVELOPMENT CORPORATION					Secret	ary oi S	otate	
17120 GULF	ipal Place of Business 20 GULF BLVD 20 GULF BLVD 21 T120 GULF BLVD 21 ST. PETERSBURG, FL 33708-1443 31 ST. PETERSBURG, FL 33708-		1443			(11) (
C	O NOT WRITE		CE	04242004 4. FEI Numb 59-260	No Chg-P	CR2E034 (10		
,	6. Name and Address of Current R	egistered Agent					-	
HALL, CAI 17120 GUI N. REDING					NOT W			
8. The above	named entity submits this statement for I	he purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	rida. I am familia	r with, and accept	
the obligat	ions of registered agent.							
SIGNATURE_	Signature, typed or printed name of registered agent an	d jitle if applicable. (NOTE Registere	d Agent signature required	when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees	•			
10,	OFFICERS AND D	IRECTORS						
NAME SYREET ADDRESS CITY - ST - ZIP	PTD HALL, CARL M. 17120 GULF BLVD. N REDINGTON BCH, FL				U000001 05/05/04-8	.55147 30024-021	150.00	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	S HALL, KATHLEEN E. 17120 GULF BLVD. N REDINGTON BCH, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN .	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

12. I hereby certify that the information emption 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 superfemental 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 trasted 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 attachysient with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3: DON 4/28/64 727 392 2500