## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 09, 2007 8:00 am Secretary of State **DOCUMENT # H74741** 1. Entity Name 04-09-2007 90072 010 \*\*\*150 00 HALL'S CUSTOM CONSTRUCTION INC Principal Place of Business Mailing Address 2249 HONTOON ROAD 2249 HONTOON ROAD DELAND, FL 32720 DELAND, FL 32720 3. Mailing Address 2249 Hontoon Road 2. Principal Place of Business - No P.O. Box # 2249 Hontoon Road Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For DeLand, Florida DeLand, Florida 59-2583141 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32720 Volusia 32720 Fee Required Volusia 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALL, JIMMIE R. 266 ADELAIDE STREET Street Address (P.O. Box Number is Not Acceptable) DEBARY, FL 32713 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Electión Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE VST TITLE Change ☐ Addition HALL, HELEN HALL, HELEN 2249 Hontoon RD NAME STREET ADDRESS 2249 HONTOON RD STREET ADDRESS CITY-ST-7IP DELAND, FL 32720 CITY-ST-7IP DeLand FL. 32720 PD Change Delete TITLE TITLE ☐ Addition HALL, JIMMIE R., JR. NAME NAME STREET AUDRESS STREET ADDRESS 266 ADELAIDE STREET CITY-ST-ZIP DEBARY, FL 32713 CITY-ST-ZIP ST ☐ Delete TITLE Change ☐ Addition NAME HALL, HELEN NAME 2249 HONTOON DR STREET ADDRESS STREET ADDRESS **DELAND, FL 32720** CITY-ST-ZIP CITY-ST-ZIP THUE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete HILE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Itelen Hall

March 28 - 2007

**FILED**