

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # H74741

1. Entity Name
HALL'S CUSTOM CONSTRUCTION INC



Principal Place of Business
**2249 HONTOON ROAD
DELAND, FL 32720**

Mailing Address
**2249 HONTOON ROAD
DELAND, FL 32720**

DO NOT WRITE IN THIS SPACE



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2583141

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HALL, JIMMIE R.
266 ADELAIDE STREET
DEBARY, FL 32713**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000912805
05/07/08-80094-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	HALL, HELEN
STREET ADDRESS	2249 HONTOON RD
CITY-ST-ZIP	DELAND, FL 32720
TITLE	PD
NAME	HALL, JIMMIE R., JR.
STREET ADDRESS	266 ADELAIDE STREET
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	ST
NAME	HALL, HELEN
STREET ADDRESS	2249 HONTOON DR
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/08 (386) 561-7410

Date

Daytime Phone #