2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 27, 2005 08:00 AN DOCUMENT # J21612 **Secretary of State** HALL & SONS ENTERPRISES, INC. Principal Place of Business Mailing Address 7314 WOODKNOT CT 7314 WOODKNOT CT US ORLANDO, FL 32835 ORLANDO, FL 32835 01242005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2626562 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUSSELL L. HALL DO NOT WRITE 7314 WOODKNOT CT ORLANDO, FL. 32835 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 gistered agent SIGNATURE 4 ignature. Nand or printed name of registered agent and little if applicable. (NOTE_Ringistered Agent signature required when reinstaling) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE 13 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS THLE U00000199934 HALL, RUSSELL L. NAME 01/28/05-80004-022 158.75 STREET ADDRESS 7314 WOODKNOT CT CITY-ST-ZIP ORLANDO, FL 32835 TITLE NAME STREET ANORESS CITY-ST-ZIP BILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied 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 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 and anaddress, with all other like empowered

SIGNATURE:

NAME STREET ADDRESS CITY+ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-25-05

DayI me Phone #

FILED