


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**


04-19-2004 90278 020 \*\*\*158.75

<b>DOCUMENT # J34835</b> 1. Entity Name <b>HALL'S INSURANCE AGENCY &amp; INVESTMENT CORPORATION</b>	
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Principal Place of Business <b>2700 NORTH MACDILL AVE., SUITE 113 TAMPA, FL 33607</b>	Mailing Address <b>PO BOX 4268 TAMPA, FL 33607-33677</b>
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**94054481**



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2716211</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>RANDOLPH-PADGETT, ELIZABETH H 2700 NORTH MACDILL AVE SUITE 113 TAMPA, FL 33607</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

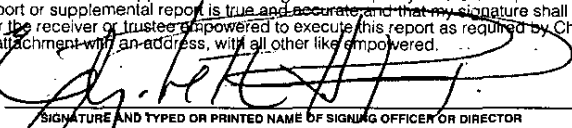
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURNETT, ELOUISE 2700 N. MACDILL AVE. #113 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PADGETT RANDOLPH, ELIZBETH 2700 N MADDILL AVE.#113 TAMPA, FL 33607
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**DO NOT WRITE  
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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 with an address, with all other like empowered.

SIGNATURE:  **4/13/2004 8138760125**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_