


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90025 001 \*\*\*150.00

<b>DOCUMENT # J47257</b>	
1. Entity Name <b>HALL PROPERTIES MANAGEMENT COMPANY, INC.</b>	

Principal Place of Business <b>505 LANCASTER ST APT 8AB JACKSONVILLE, FL 32204 US</b>	Mailing Address <b>505 LANCASTER ST APT 8AB JACKSONVILLE, FL 32204 US</b>
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**54023350**



2. Principal Place of Business <b>4928 Arapahoe Ave</b>	3. Mailing Address <b>4928 Arapahoe Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03222004 Chg-P CR2E034 (10/03)

City & State <b>Jacksonville FL</b>	City & State <b>Jacksonville FL</b>
Zip <b>32210</b>	Zip <b>32210</b>
Country <b>Duval</b>	Country <b>Duval</b>

4. FEI Number <b>59-2747232</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HALL PROPERTIES, INC. 505 LANCASTER ST APT 16D JACKSONVILLE, FL 32204</b>	
7. Name and Address of New Registered Agent Name <b>Hall Properties, Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>4928 Arapahoe Ave</b> City <b>Jacksonville</b> FL Zip Code <b>32210</b>	

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 <b>W. Hall</b> Signature, typed or printed name of registered agent and title if applicable.	DATE <b>3/25/04</b> (NOTE: Registered Agent signature required when reinstating)

<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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, K ALLISON 124 12TH STREET ATLANTIC BEACH, FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hall, Allison K 1160 Beach Ave 390 FIFTH ST Atlantic Beach, FL 32233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, WILLIAM H. 505 LANCASTER ST APT 8 A-B JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hall, William H. 4928 Arapahoe Ave Jacksonville FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>W. Hall</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>3/25/04</b> Date Daytime Phone #