



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

3/1

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90086 023 \*\*\*150.00

<b>DOCUMENT # K03538</b> 1. Entity Name HAL RESTAURANTS, INC.		
Principal Place of Business 814 S.E. 47TH ST. CAPE CORAL, FL 33904		Mailing Address 814 S.E. 47TH ST. CAPE CORAL, FL 33904
<b>DO NOT WRITE IN THIS SPACE</b>		
		
02122007 No Chg-P CR2E034 (11/05)		
4. FEI Number 65-0015466		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
<b>8. Name and Address of Current Registered Agent</b>		
HERBERT, ANNE 1636 S.E. 36TH TERRACE CAPE CORAL, FL 33914		<b>DO NOT WRITE IN THIS SPACE</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 <u><i>Anne Herbert</i></u> Pres. <u>2-28-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	HERBERT, ANNE 1636 S.W. 36TH TERRACE CAPE CORAL, FL 33914	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 <u><i>Anne Herbert</i></u> Pres. <u>3-24-07</u> <u>235-</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <u>ANNE HERBERT</u> <u>945-3133</u>		