2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/20/

FILED
Jul 30, 2004 8:00 am
Secretary of State
07-20-2004 90001 005 ***150.00

DOCUMENT # K08467

1. Entity Name
HAL PAUL ENTERPRIZES, INC.

Principal Place of Business	Mailing Address
% HAL PAUL 6700 S FLORIDA AVE #17 LAKELAND, FL 33813	% HAL PAUL 6700 S FLORIDA AVE #17 LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE

07062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2863412
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAUL, HAL
6700 S FLORIDA AVE
SUITE 17
LAKELAND, FL 33813

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when eliminating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	PAUL, HAL
STREET ADDRESS	4925 FOXRUN
CITY-ST-ZIP	LAKELAND, FL
TITLE	P
NAME	PAUL, PATRICIA
STREET ADDRESS	4925 FOXRUN
CITY-ST-ZIP	LAKELAND, FL
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	

DO NOT WRITE IN THIS SPACE

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: Patricia Lee Paul 7/26/04 863-644-2352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #