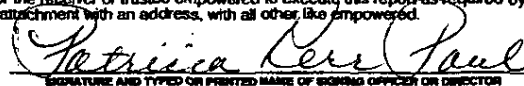


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

7/20/

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-20-2004 90001 005 ***150.00

DOCUMENT # K08467 1. Entry Name HAL PAUL ENTERPRIZES, INC.			
Principal Place of Business % HAL PAUL 6700 S FLORIDA AVE #17 LAKE LAND, FL 33813		Mailing Address % HAL PAUL 6700 S FLORIDA AVE #17 LAKE LAND, 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 LAKE LAND, 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE _____			
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 NAME STREET ADDRESS CITY-ST-ZIP		V PAUL, HAL 4925 FOXRUN LAKE LAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P PAUL, PATRICIA 4925 FOXRUN LAKE LAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		7/26/04 863-644-2382	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	