


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K37676**  
 1. Entity Name  
**HALL'S BONDING SERVICE, INC.**



Principal Place of Business      Mailing Address  
**2700 N MACDILL, STE 112**      **P.O. BOX 4268**  
**TAMPA, FL 33607**      **TAMPA, FL 33677**

**DO NOT WRITE IN THIS SPACE**



03152006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2920363**      Not Applicable

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

6. Name and Address of Current Registered Agent

**BURNETT, ELOUISE**  
**2700 N MACDILL, STE 112**  
**TAMPA, FL 33607**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

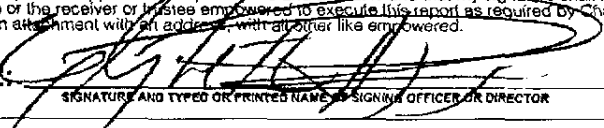
9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

U00000472459  
 03/29/06-80037-015 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURNETT, ELOUISE 2700 N MACDILL, STE 112 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURNETT, ELOUISE 2700 N MACDILL, STE 112 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RANDOLPH, ELIZABETH H 425 AMANA AVE. BRANDON, FL 33510
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 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:       3/14/06    813 876 0125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date      Daytime Phone #