


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 A**  
**Secretary of State**

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



Principal Place of Business  
**2700 N MACDILL, STE 112  
 TAMPA, FL 33607**

Mailing Address  
**P.O. BOX 4268  
 TAMPA, FL 33677**

**DO NOT WRITE IN THIS SPACE**



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2920363**

Applied For  
 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, 2007 Fee will be \$550.00**

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

U00000661219  
 03/20/07-80030-024 158.75

10. OFFICERS AND DIRECTORS

TITLE **P**  
 NAME **BURNETT, ELOUSIE**  
 STREET ADDRESS **2700 N MACDILL, STE 112**  
 CITY-ST-ZIP **TAMPA, FL**

TITLE **V**  
 NAME **BURNETT, ELOUISE**  
 STREET ADDRESS **2700 N MACDILL, STE 112**  
 CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **ST**  
 NAME **RANDOLPH, ELIZABETH H**  
 STREET ADDRESS **425 AMANA AVE.**  
 CITY-ST-ZIP **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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/6/07** Daytime Phone # **813 876 0125**