

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90047 032 ***150.00

DOCUMENT # P00000044665

1. Entity Name

**MICHAEL HALL HOME BUILDERS CONSTRUCTION
AGENCY, INC.**



Principal Place of Business

12769 HIDDEN CIRCLE S
JACKSONVILLE FL 32225

Mailing Address

12769 HIDDEN CIRCLE S
JACKSONVILLE FL 32225

2. Principal Place of Business

11381 KINGSLEY MANOR WAY

Suite, Apt. #, etc.

3. Mailing Address

11381 KINGSLEY MANOR WAY

Suite, Apt. #, etc.

City & State

JAX., FL.

City & State

JAX., FL.

Zip

32225

Country

DUVAL

Zip

32225

Country

DUVAL

4. FEI Number

59-3631234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HALL, MICHAEL
12769 HIDDEN CIRCLE S
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name

HALL, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)

11381 KINGSLEY MANOR WAY

City

JACKSONVILLE

FL

Zip Code

32225

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D/P/** ☒ Delete
NAME **HALL, MICHAEL**
STREET ADDRESS **12769 HIDDEN CIRCLE S**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D/VP** ☐ Delete
NAME **LONGINO, JAMES W**
STREET ADDRESS **1765 HOLLY OAKS RAVINE DR**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P/** ☒ Change ☐ Addition
NAME **HALL, MICHAEL**
STREET ADDRESS **11381 KINGSLEY MANOR WAY**
CITY-ST-ZIP **JACKSONVILLE, FLA. 32225**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/05

(904) 759-7898