

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90660 018 \*\*\*150.00

**DOCUMENT # P00000066082**

1. Entity Name

HALL'S RESTAURANT GROUP, INC.



Principal Place of Business

5435 TAMiami TRAIL NORTH  
SUITE 414  
NAPLES FL 34108  
US

Mailing Address

P.O. BOX 7249  
NAPLES FL 34101  
US

34032022



MOORE CR2E034 (11/03)

2. Principal Place of Business

5435 TAMiami TRAIL N.

Suite, Apt. #, etc.

STE 414

3. Mailing Address

PO BOX 7249

Suite, Apt. #, etc.

City & State

NAPLES, FL

4. FEI Number

59-3665236

Applied For

Not Applicable

Zip

34108

Country

COLLIER

Zip

34101

Country

COLLIER

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALL, JIM  
2041 TRADE CENTER WAY  
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name:

HALL, JIM

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

2041 TRADE CENTER WAY

City

NAPLES

FL

Zip Code

34109

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

X

Signature, typed or printed name of registered agent and title if applicable.

JIM, HALL, PRES.

3-5-04

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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 ☐ Delete

NAME  
HALL, JIM L  
STREET ADDRESS  
2047 TRADE CENTER WAY  
CITY-ST-ZIP  
NAPLES FL 34109

TITLE ☐ Delete

NAME  
HALL, BETTIE B  
STREET ADDRESS  
2047 TRADE CENTER WAY  
CITY-ST-ZIP  
NAPLES FL 34109

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 ☐ 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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIM HALL

3-5-04

Date

239-597-3630

Daytime Phone #