

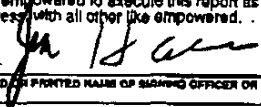
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GUALARIO, L.

FILED
May 13, 2005 8:00 am
Secretary of State

04-18-2005 90278 041 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000066082 1. Entry 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	
DO NOT WRITE IN THIS SPACE			
8. Name and Address of Current Registered Agent HALL, JIM 2047 TRADE CENTER WAY NAPLES, FL 34109		DO NOT WRITE IN THIS SPACE	
9. 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 (re)appointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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		D HALL, JIM L 2047 TRADE CENTER WAY NAPLES, FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D HALL, BETTIE B 2047 TRADE CENTER WAY NAPLES, FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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: 		5-9-05 239-597-3630	
SIGNATURE AND TYPED, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Device Phone #	