

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90047 005 ***150.00

DOCUMENT # P00000078044

1. Entity Name
HAL CORSON, INC.



Principal Place of Business
11001 S.W. 117 AVENUE
MIAMI, FL 33186

Mailing Address
11001 S.W. 117 AVENUE
MIAMI, FL 33186

2. Principal Place of Business

200 ATRIUM WAY
Suite, Apt. #, etc.
APT. 1408

City & State
COLUMBIA, SC

Zip Country
29223 USA

3. Mailing Address

200 ATRIUM WAY
Suite, Apt. #, etc.
APT. 1408

City & State
COLUMBIA, SC

Zip Country
29223 USA



01062004 Chg-P CR2E034 (10/03)

4. FEI Number

65-1033094

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORSON, HAL
11001 S.W. 117 AVENUE
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name M. TACHIBANA, CPA
Street Address (P.O. Box Number is Not Acceptable)
1000 QUAYSIDE TERR #1608
City MIAMI FL Zip Code 33138

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] M. TACHIBANA, CPA 3-15-04

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CORSON, HAL	
STREET ADDRESS	11001 S.W. 117 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	DSTV	<input type="checkbox"/> Delete
NAME	CORSON, GERRI	
STREET ADDRESS	11001 S.W. 117 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 ATRIUM WAY / APT. 1408	
CITY-ST-ZIP	COLUMBIA, SC 29223	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 ATRIUM WAY / APT. 1408	
CITY-ST-ZIP	COLUMBIA, SC 29223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

HAL CORSON

3/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #