

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000085641**

1. Entity Name  
**HALBO NORTH, INC.**



Principal Place of Business  
**7655 14TH LANE  
VERO BEACH, FL 32966**

Mailing Address  
**7655 14TH LANE  
VERO BEACH, FL 32966**



01212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1040116**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HALL, CLARENCE F  
7655 14TH LN.  
VERO BEACH, FL 32966**

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HALL, CLARENCE F
STREET ADDRESS	7655 14TH LANE
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	VSD
NAME	HALL, LINDA
STREET ADDRESS	7655 14TH LANE
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	V
NAME	BASQUEZ, SUSAN
STREET ADDRESS	7655 14TH LANE
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	V
NAME	HALL, BARBARA
STREET ADDRESS	7655 14TH LANE
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	V
NAME	HALL, DEBORAH
STREET ADDRESS	7655 14TH LANE
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000600152  
01/25/07-80056-008 150.00

**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

Daytime Phone #

1-21-2007 772-299-0166