


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90058 009 ***150.00

DOCUMENT # P00000085776 1. Entity Name HALL RIGHT, INC.					
Principal Place of Business 40 ROSCOE BLVD. PONTE VERDE BEACH, FL 32082			Mailing Address 40 ROSCOE BLVD. PONTE VERDE BEACH, FL 32082		
2. Principal Place of Business 40 South Roscoe Blvd		3. Mailing Address 40 South Roscoe Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ponte Vedra, FL		City & State Ponte Vedra, FL		4. FEI Number 59-3673100	
Zip 32082		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HALL, TOMMIE E 40 ROSCOE BLVD. PONTE VERDE BEACH, FL 32082			7. Name and Address of New Registered Agent Name Tommie Hall Street Address (P.O. Box Number is Not Acceptable) 40 South Roscoe Blvd City Ponte Vedra FL Zip Code 32082		
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 <u><i>Tommie Hall</i></u> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HALL, DAVID A 40 ROSCOE BLVD. PONTE VERDE BEACH, FL 32082		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAVID HALL 40 South Roscoe Blvd Ponte Vedra, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HALL, TOMMIE E 40 ROSCOE BLVD. PONTE VERDE BEACH, FL 32082		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tommie Hall 40 South Roscoe Blvd Ponte Vedra, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <u><i>Tommie Hall</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/12/04 904/273-8629 <small>Date Daytime Phone</small>		