

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000085812

1. Entity Name
HALBO SOUTH, INC.



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

Mailing Address
7655 14TH LANE
VERO BEACH, FL 32966



03092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1040122

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

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000101790
04/02/04-80027-024 150.00

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 L
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

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #