2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED
Mar 22, 2006 08:00 Al
Secretary of State

DOCUMENT # P0000088195 1. Entity Name C.W. HALL, JR., P.A. Principal Place of Business Mailing Address				•	Seci	retary o	of State
8714 LOST ORLANDO, F		717 E OAK STREET Kissimmee, Fl 34744		 			
C	O NOT WRITE I	CE	02232006 4. FEI Number 59-3673: 5. Certificate of	596	CR2E034 (11/05	Applied For Not Applicable	
	CARL W. T COVE DRIVE D, FL 32819			NOT WR HIS SPA			
the obligate	e named entity submits this statement for the tions of registered agent. Signature types or printed name of registered agent and the tions of the time types of printed name of registered agent and the time types of printed name of registered agent and the time types of printed name of registered agent and the time types of printed name of registered agent and the time types of time types of the time types of time type	e if applicable. (NOTE Registere 9. Election Campaign Finar	d Agent signature required	when reinstating)	in the State of Florida	a. I am familiar wit	h, and accept
After M	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution.	☐ Ádd	ed to Fees			
THLE NAME STREET ADDRESS CHY-SI-ZIP	PSTD HALL, CARL W JR. 8714 LOST COVE DR. ORLANDO, FL 32819	CTORS			U000004 04/06/06-8	76796 0026-001	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•		100100
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO I	NOT WR	ITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPA	CE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the corporated	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowers or on an attackment with a stores with a	filing does not qualify for the exe and accurate and that my signated to execute his report as required that her like amony ered	emptions contained ture shall have the s red by Chapter 607	l in Chapter 119, i same legal effect a ', Florida Statutes,	Florida Statutes. I furth as if made under oath; and that my name ap	ner certify that the that I am an offic pears in Block 10	information er or director or Block 11 if

ER OR DIRECTOR