

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-13-2005 90003 002 ***150.00
P01000107872

FILED

05 JUN 21 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000107872

1. Entity Name
J. HALL & ASSOCIATES, INC.



Principal Place of Business
2228 WEST REED RD
AVON PARK, FL 33825

Mailing Address
P.O. BOX 795
AVON PARK, FL 33826

2. Principal Place of Business

4715 DARNELL DR.

3. Mailing Address

P.O. BOX 795

Suite, Apt. #, etc.

Suite, Apt. #, etc.

AV

City & State

SEBRING, FL

City & State

AVON PARK, FL

Zip

33822

Country

U.S.A.

Zip

33822

Country

U.S.A.

05122005

Chg-P

CR2E034 (10/03)

4. FEI Number

43-1951782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, JAMES
2228 W REED RD
AVON PARK, FL 33825

Name

HALL, JAMES

Street Address (P.O. Box Number Is Not Acceptable)

4715 DARNELL DRIVE

City

SEBRING

FL

Zip Code

33822

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

6-9-05

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HALL, JAMES
P.O. BOX 795
AVON PARK, FL 338260795 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-05 863-443-0072

Date

Daytime Phone #