

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90032 015 ***150.00

DOCUMENT # P02000018632 1. Entity Name HALL-WALK INC.					
Principal Place of Business 7598 MORGAN ROAD FT MYERS, FL 33967			Mailing Address 7598 MORGAN ROAD FT MYERS, FL 33967		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 32-0004412	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WALKER, JOAN 7598 MORGAN ROAD FT MYERS, FL 33967				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD HALL, JOSEPH P 3329 SUNSET KEY CIRCLE #101 PUNTA GORDA, FL 33955	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARODI-HALL, CARLA C 3329 SUNSET KEY CIRCLE #101 PUNTA GORDA, FL 33955	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALKER, PETER F 7598 MORGAN ROAD FT MYERS, FL 33967	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALKER, JOAN 7598 MORGAN ROAD FT MYERS, FL 33967	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
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: <u>Joan Walker</u> JOAN WALKER <u>4/4/08</u> <u>239-590-0179</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					