2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 05, 2008 8:00 am Secretary of State 03-05-2008 90025 010 ***150.00

DOCUMENT # P03000124174					05-05-	2000 70025	010 130	7.00
Entity Name HALL'S TRUCKING SERVICE, INC.			3					
			0					
			600	E TREE	4003001	•		
	e of Business	Mailing Address			1000			
327 9TH STREET NOKOMIS, FL 34275 327 9TH STREET NOKOMIS, FL 34275								
HOROMO, I	31273	1101(01113,112 34273						
2 Principal B	Place of Business - No P.O. Box #	3. Mailing Address	· · · · ·					
411 B Paneto Rd 411 B Paneto Rd								
Suite, Apt. #, etc. Suite, Apt. #, etc.					02282008 Chg-F	O CROE	E034 (12/06)	
City & State City & State								
City & State Nokomis, FC Nokomis, FC Nokomis, FC			-,		4. FEI Number 52-2413614			oplied For ot Applicable
Zip Country Zip Coun			Country				\$8.75 Add	
34275 USA 34275 U					5. Certificate of Status D		Fee Require	
·	6. Name and Address of Current	Registered Agent	Name	$\overline{\Omega}$	7. Name and Address o		1 Agent	
HALL, WAYNE KOT					ert 6 He			
				kddress (F	P.O. Box Number is Not Ac	ceptable)		
NOKOMIS, FL 34275				411	R D .t.	Q.J		
				4 1	D Paneto	F	Zip_Code	e
8. The above named entity submits any statement for the purpose of changing its registered office or registered					Komis		┗ ~34/	(4) 75
the obligat	ions of registered agent.	, the purpose of changing its re	dizreten ource o	register	ed agent, or both, in the Sta	ile of Florida. Tar	n tammar with,	апо ассері
SIGNATURE / John 1 Hall Rober + 6 Hall 3/10/108								
Signature, typed of printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
		9. Election Campaign	Financing	¢ E	00 May Be	,		
	E'NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0				ed to Fees			
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/CHANGES	TO OFFICERS AN	ID DIRECTOR	C IN 11
TITLE	PRES	Delete	TITLE	Γ	ADDITIONOTOTIANGES	TO OIT ICENS AN	Change	Addition
NAME	HALL, WAYNE A		NAME				— , -	
STREET ADDRESS CITY-ST-ZIP	.327 9TH STREET NOKOMIS, FL 34275		STREET ADDRESS CITY-ST-ZIP					
TITLE	VP S4270	☐ Delete	TITLE	PRE	5		Change	Addition
NAME .#	HALL, ROBERT G	□ beiete	NAME				onange	L Addition
STREET ADDRESS	411 B PALMETO ROAD		STREET ADDRESS	411	Robert 6 B Pameto R			
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP	No.	Komis FL 3	4 2 75		
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			City-\$r-zip					
TITLE		☐ Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			*	☐ Change	Addition
NAME			NAME				_ •	
STREET ADDRESS :	•	and the second second	STREET ADDRESS T CITY-ST-ZIP]	. • Long	va geb sus		
•	ertify that the information supplied with	this filing does not quality for the		ontained	in Chapter 119, Florida Sta	atutes I further or	ertify that the in	tormation
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that my wered to execute this report as	signature shall h	ave the s	ame legal effect as if made	under nath that I	I am an officer	őr diractor
changed,	or on an attachment with an address, w	rith all other like empowered.	4 55 57 576			n, namo appears	. y. Dioon 10 UI	SOCK IIII
SIGNAT	HRF. V/ (ch)	1424	Robert	6 1	1011 / 3/10/	08 /4	41)486	-5717
SIGITAL	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OR	DIRECTOR	<u> </u>	Date		Daytime Phone #	