

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90384 025 ***150.00

DOCUMENT # P03000128177 1. Entity Name HALLE CERAMIC TILE, MARBLE AND FINISH CARPENTRY, INC.					
Principal Place of Business 4225 A1A SOUTH ST AUGUSTINE, FL 32080			Mailing Address 537 JACK LANE SATSUMA, FL 32189		
2. Principal Place of Business - No P.O. Box # 537 Jack Lane		3. Mailing Address Suite, Apt. #, etc.			
City & State Satsuma, FL		City & State			
Zip 32189		Country		4. FEI Number 55-0854922	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DOBSON, GEOFFREY B 66 CUNA ST SUITE A ST AUGUSTINE, FL FL320-84			7. Name and Address of New Registered Agent Name EDWARD J. Halle Street Address (P.O. Box Number is Not Acceptable) 537 JACK LANE City Satsuma FL Zip Code 32189		
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 <u><i>Edward J. Halle</i></u> DATE <u>4/24/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D HALLE, EDWARD J 537 JACK LANE SATSUMA, FL 32189	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLE, BRENDA K 537 JACK LANE SATSUMA, FL 32189	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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><i>Brenda K. Halle</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>BRENDA K. Halle</u> Date <u>4-24-08</u> Daytime Phone # <u>904-806-2213</u>			