

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90312 023 ***150.00

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02232005 No Chg-P CR2E034 (10/03)

DOCUMENT # P03000130396
 1. Entity Name
 E.F. HALL MARBLE & TILE CONTRACTORS, INC.



Principal Place of Business
 60 N. FLORIDA AVENUE
 INVERNESS, FL 34453

Mailing Address
 60 N. FLORIDA AVENUE
 INVERNESS, FL 34453

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2136331	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, EDWARD F JR.
 60 N. FLORIDA AVENUE
 INVERNESS, FL 34453

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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, EDWARD F JR 60 N. FLORIDA AVENUE INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T HALL, CASSANDRA K 60 N. FLORIDA AVENUE INVERNESS, FL 34453
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-19-05** Daytime Phone #: **352-860-0894**