2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

MOS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P03000131276 1. Entity Name 04-30-2004 90232 039 ***150 00 T. L. HALL, INC. Principal Place of Business Mailing Address 1658 WHITEWOOD DRIVE 1658 WHITEWOOD DRIVE CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number 20-0381567 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent لينيه ولفاء المسا HALL, THOMAS L Street Address (P.O. Box Number is Not Acceptable) 1658 WHITEWOOD DRIVE CLEARWATER FL 33756 City : 31 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D.P TITLE ☐ Defete TITLE M Change ☐ Addition HALL, THOMAS L NAME NAME 1658 WHITEWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33756 CITY-ST-ZiP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TID F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ad with all other like empowered

FILED

Date

Daytime Phone #