2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 17, 2006 08:00 AM Secretary of State DOCUMENT # P03000141326 1. Entity Name MARK T. HALL, INC Principal Place of Business Mailing Address 6301 N. CANOE CREEK RD KENANSVILLE FL 34739 6301 N. CANOE CREEK RD KENANSVILLE FL 34739 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FE! Number 03-0535152 Not Applicat Zip 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 HALL, JULIE S 6301 N. CANOE CREEK RD Street Address (P.O. Box Number is Not Acceptable) KENANSVILLE FL 34739 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 accethe obligations of registered agent. SIGNATURE. Signature typed or printed name of registered agent करने प्राप्त में applicable DATE (NOTE Registered Agent signature required when revisitatival FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May € After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Add\*\* Delete ITTLE U00000437649 NAME NAME HALL, MARK T 02/28/06-80054-001 150.00 STREET ADDRESS STREET ADDRESS 6301 N. CANOE CREEK RD. CITY-ST-ZIP KENANSVILLE FL 34739 CITY-ST-ZIP Varan. TITLE VP Delete TITLE Change NAME HALL, JULIE S MAME STREET ADDRESS 6301 N. CANOE CREEK RD STREET ADDRESS CITY-ST-ZIP KENANSVILLE FL 34739 CHTY-ST-ZIP TITLE ☐ Oelete ☐ Change T Addition NAME NAME STREET ACCRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE Delete HILE Change □ ARCC NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CCTY-ST-ZIP DILE ☐ Delete ☐ Change ☐ Add": Ti35 F NAME STREET ADDRESS STREET ADDRESS City-St-7/2 CITY - ST- ZIP ☐ Additi 7)71 E ☐ Change Delete TITLE 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 exemptions contained in Section 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 directly 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 1 if changed, or on an attaciffuent with an address, with all other like empowered.

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SIGNATURE:

**FILED**