


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90016 042 ***150.00

DOCUMENT # P03000151300
 1. Entity Name
HALL CERAMIC TILE, INC.



Principal Place of Business: **2077 CANDLEWOOD CT MIDDLEBURG FL 32068**
 Mailing Address: **P.O. BOX 455 MIDDLEBURG FL 32050**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State
 Zip Country

4. FEI Number: **30-0352395**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HALL, JERRY WAYNE
212 PEPPERMINT AVE
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent
 Name: **HALL, JERRY WAYNE**
 Street Address (P.O. Box Number is Not Acceptable): **2077 Candlewood ct**
 City: **Middleburg** **FL** Zip Code: **32068**

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 transferring)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> Delete
NAME	HALL, JERRY WAYNE	
STREET ADDRESS	P.O. BOX 455	
CITY-ST-ZIP	MIDDLEBURG FL 32050	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HALL, JERRY WAYNE	
STREET ADDRESS	P.O. BOX 455	
CITY-ST-ZIP	MIDDLEBURG FL 32050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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: Wayne Hall **WAYNE HALL** 1-30-08 291-6572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #