

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90083 037 ***150.00

DOCUMENT # P04000048440			
1. Entity Name HALL'S HOME REPAIR & REMODELING, INC			
Principal Place of Business 122 PINE DRIVE INTERLACHEN, FL 32148		Mailing Address 122 PINE DRIVE INTERLACHEN, FL 32148	
2. Principal Place of Business 1291 County Rd 315		3. Mailing Address 1291 County Rd 315	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Keystone Heights, FL		City & State Keystone Heights, FL	
Zip 32056		Zip 32056	
Country		Country	
4. FEI Number 20-0873250		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, DANIEL 122 PINE DRIVE INTERLACHEN, FL 32148		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1291 County Rd 315 City Keystone Heights FL 32056	
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: <i>Lisa M. Hall</i> DATE: 1-22-06 <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, 2006 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 PRES	HALL, DANIEL <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 122 PINE DRIVE		NAME 1291 County Rd 315	
CITY-ST-ZIP INTERLACHEN, FL 32148		STREET ADDRESS Keystone Heights, FL 32056	
TITLE SEC	HALL, LISA <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 122 PINE DRIVE		NAME 1291 County Rd 315	
CITY-ST-ZIP INTERLACHEN, FL 32148		STREET ADDRESS Keystone Heights, FL 32056	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Lisa M. Hall</i>		Date: 1-22-06 Daytime Phone #: 352-473-3185	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	