


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90067 002 ***150.00

| | |
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| DOCUMENT # P04000048440 |  |
| 1. Entity Name HALL'S HOME REPAIR & REMODELING, INC | |

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|---|---|
| Principal Place of Business 7291 CNTY RD 315 KEYSTONE HEIGHTS, FL 32656 | Mailing Address 7291 CNTY RD 315 KEYSTONE HEIGHTS, FL 32656 |
|---|---|

40041443

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|--|--|
| 2. Principal Place of Business - No P.O. Box # 7291 County Rd 315C | 3. Mailing Address 7291 County Rd 315C |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Keystone Heights, FL | City & State Keystone Heights, FL |
| Zip 32656 | Zip 32656 |
| Country | Country |



01122007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 20-0873250 | | Applied For <input type="checkbox"/> 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 7291 CNTY RD 315 KEYSTONE HEIGHTS, FL 32456 | | |
| 7. Name and Address of New Registered Agent | | |
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| City FL 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 accept the obligations of registered agent.

SIGNATURE *Lisa Hall*

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 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP | PRES HALL, DANIEL 7291 CNTY RD 315 KEYSTONE HEIGHTS, FL 32656 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC HALL, LISA 7291 CNTY RD 315 KEYSTONE HEIGHTS, FL 32656 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Lisa Hall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #