


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 26 AM 11:44

DOCUMENT # P04000151491					
1. Entity Name P. A. HALL, INC.					
Principal Place of Business 5155 9TH AVENUE NORTH #209 ST. PETERSBURG, FL 33710			Mailing Address 5155 9TH AVENUE NORTH #209 ST. PETERSBURG, FL 33710		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08192005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KENNEDY, JAMES R JR. 856 SECOND AVENUE NORTH ST. PETERSBURG, FL 33701			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	P HALL, PATRICIA A 5155 9TH AVENUE NORTH, #209 ST. PETERSBURG, FL 33710	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800060184048 10/03/05--01050--002 **150.00	
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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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	
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 address, with all other like empowered.					
SIGNATURE: <i>Patricia A Hall</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	

August 19, 2005

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314-6198

Document # P04000151491

In contacting your office today, I was advised to write you a letter stating that I did not receive any notices or post card before May 1, 2005. Also, that I would like any late fees to be waived.

Other information necessary: Initial director: Patricia A. Hall, President
5155 Ninth Avenue N, # 209
St. Petersburg, Florida 33710

Corporation's initial agent for the service of process:
James r. Kennedy, Jr., Esquire
856 Second Avenue North
St. Petersburg, Florida 33701

Name and street address of the incorporator to these Articles of Incorporation:
Patricia A. Hall
5155 Ninth Avenue North # 209
St. Petersburg, Florida

Enclosed is check # 1345 in the amount of \$150 Annual Fee.

Thank you,
Patricia
Patricia Hall

Enclosed – check