### 2006 FOR PROFIT CORPORATION ANNUAL REPORT

#### FILED Jun 20, 2006 8:00 am Secretary of State

| DOCU 1. Emity Narr P. A. HAL   |  | 491   |                            |  |                                       | 2006 90227 023                 |                             |
|--|--|---|----------------------------|--|---------------------------------------|--------------------------------|-----------------------------|
| Principal Place of Business 5155 9TH AVENUE NORTH #209 ST. PETERSBURG, FL 33710  |  | Mailing Address 5155 9TH AVENUE NORTH #209 ST. PETERSBURG, FL 33710 |                            |  | 7                                     | ELIT FAFE TRUT ETT ENTE OFTE I | 613 B A 611                 |
| 5155   |  | 3. Mailing Address 5/5-5-9.   | -9-He.N                    |  | ]                                     |                                |                             |
| Suite, Apt. #, etc. Wit 209  |  | Suite, Apt. 4. etc.   |                            | 04272008   | Chg-P                                 | CR2E034 (11/05)                |                             |
| St. Potersburg Fl.   |  | cry & sum St. Petersburg, Fl.                                       |                            | 4. FEI Marra                                       | 2-392                                 | ~ · · · · · · · ·              | pplied For<br>ot Applicable |
| Zip 33710 Purella Zip 337  |  | 337/0   | Pinellas                   | <u> </u>   | e of Status Desired d Address of New  | Section 4 Appet                |                             |
| KENNEDY  |  |   | Name                       |  |                                       |                                |                             |
| KENNEDY, JAMES R JR.  856 SECOND AVENUE NORTH ST. PETERSBURG, FL 33701   |  |   | Street Addr                | Street Address (P.O. Box Number is Not Acceptable) |                                       |                                |                             |
|  |  |   | City                       |  |                                       | FL Zip Cod                     | le                          |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered egent.  |  |   |                            |  |                                       |                                |                             |
| SIGNATURE  |  |   |                            |  |                                       |                                |                             |
| Signiture, hybrid or privided reason of regulatered agent and title if applicable. (ARDTE: Regulatered Agent's signisture required when natiophiling) DATE   |  |   |                            |  |                                       |                                |                             |
| FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees   |  |   |                            |  |                                       |                                |                             |
| 10.  | OFFICERS AND   |   | 11.                        | ADDITIONS  | /CHANGES TO OF                        | FICERS AND DIRECTOR            |                             |
| MAME   | HALL, PATRICIA A                                       | ☐ Delete  | MAME                       |  |                                       | Change                         | Addition                    |
| STREET ACCORESS CITY+ST-ZIP  | 5155 9TH AVENUE NORTH, #20<br>ST. PETERSBURG, FL 33710 | 9   | STREET ADDRESS OTTY-ST-ZP  |  |                                       |                                | ĺ                           |
| TITLE  |  | ☐ Delete  | TITLE                      |  |                                       | Change                         | Addition                    |
| STREET ADDRESS   |  |   | NAME<br>STREET ADDRESS     |  |                                       |                                |                             |
| CITY-ST-ZP   |  |   | CTTY-ST-ZP                 |  | · · · · · · · · · · · · · · · · · · · |                                |                             |
| MATE   |  | C Octob   | TITLE<br>NAME              |  |                                       | Change                         | ☐ Addition                  |
| STREET ADDRESS   |  |   | STREET ADDRESS             |  |                                       |                                |                             |
| TITLE  |  | □ Oeleta  | CITY-ST-ZEP                |  | <del></del>                           | ☐ Chance                       | ☐ Add@bigs                  |
| HAME   |  | 22 0444   | HEALE                      |  |                                       |                                |                             |
| STREET ADDRESS<br>CITY-ST-ZP   |  |   | STREET ADDRESS CITY-ST-ZIP |  |                                       |                                | -                           |
| TITLE  |  | Octob   | me                         |  |                                       | Change                         | ☐ Addition                  |
| NAME<br>STREET ADDRESS   |  |   | NAME<br>STREET ADDRESS     |  |                                       |                                |                             |
| CITY-ST-ZIP  |  |   | CITY-ST-ZIP                |  | ·                                     |                                |                             |
| TITLE<br>NAME  |  | ☐ Deleta  | TATLE                      |  |                                       | Change                         | Addition                    |
| STREET ADDRESS (   |  |   | STREET ACCINESS            |  |                                       |                                |                             |
| 12. I hereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director of the corporation or the receiver or instee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears to Block 10 or Bl |  |   |                            |  |                                       |                                |                             |
| changed, or on an attachment yigh an address, with at) other like empelwered.  |  |   |                            |  |                                       |                                |                             |
| SIGNATURE: Atraca 4/27/06 127-323-7140   |  |   |                            |  |                                       |                                |                             |

#### ATTACHMENT

April 27, 2006

#P0400015 1491

Division of Corporations P. O. Box 1500 Tallahassee, Florida 32302-1500

Re: P. A. Hall, Inc.

Document # P04000151491

I have attempted several times to download the forms for this 2006 filing. At 11:55 p.m. these forms were finally provided for entry to be downloaded. I have been unable to find a contact number to reach this office this year until finally the computer permitted entry to this web site.

Upon receipt of a letter last year 2005, stating that I did not file a report or pay a registration fee, my reply was that I did not receive information about this and had no knowledge of such a requirement. I explained to a gentleman that this corporation was "not in a working status." He said it was necessary to send check for \$400 and that I would be refunded this amount upon checking their files. No information was ever received concerning this matter until I had received notice that no report was filed and \$400 was due. That was 2005. Refund was not received and I am at a loss to understand this matter. No action was taken in 2005 concerning any type of activity of a Corporation. I received no forms concerning a Corporation.

Now I have received Annual Report Notice that 2006 Annual Report is due by May 1, 2006. This form shows the fee to file the profit annual report is \$150. There has been no profit made in as much as this corporation is not in service at this time. Is there a form for this type of filing? I am going to send check in the amount of \$150 with the request that this matter be cleared up. (check is to prevent assessment of a late filing fee.) The forms mentions "profit annual report." Where are the forms that require information of profit annual report?"

I do not understand this.

Patricia Hall P. A. Hall, Inc.

Check \$150.00 awaiting info re: filing of report??

# 1685

## ATTACHNENT

# # POY00015149/

| WEWO                             | from Patricia Hall     |
|----------------------------------|------------------------|
| То:                              | Date: 6/16/06          |
| 2006 for Jore Pre<br>Annual Repe | fit Conforation<br>ort |
| added in Boy                     | 4.                     |
| FET#                             | 22-393-5793            |
| Just obtained                    | this # from            |
| Barbarale                        | (l.1920828) in         |
| New York.                        | -                      |
| Le ffectiv                       | 6/16/06 ph             |
| 2 Paais                          | ph                     |