

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90035 010 \*\*\*150.00

**DOCUMENT # P04000168765**

1. Entity Name

HALL BUILDING MAINTENANCE, INC.



Principal Place of Business

12217 REEDPOND DRIVE E.  
JACKSONVILLE FL 32223

Mailing Address

12217 REEDPOND DRIVE E.  
JACKSONVILLE FL 32223



2. Principal Place of Business

12217 REEDPOND DRIVE  
Suite, Apt. #, etc.

3. Mailing Address

12217 REEDPOND DRIVE  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

JACKSONVILLE, FL  
Zip 32223 Country DUVAL

City & State

JACKSONVILLE, FL  
Zip 32223 Country DUVAL

4. FEI Number

30-0290722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALL, WILLIE J  
12217 REEDPOND DRIVE E.  
JACKSONVILLE FL 32223

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

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, 2005 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 P President ☐ Delete  
NAME HALL, WILLIE J  
STREET ADDRESS 12217 REEDPOND DRIVE E.  
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE Vice President ☐ Delete  
NAME HALL, Debra  
STREET ADDRESS 12217 REEDPOND DR. E.  
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

3/27/05 9042684751