


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90099 037 ***150.00

| | |
|---|---|
| DOCUMENT # P05000085520 |  |
| 1. Entity Name LAW OFFICES OF THOMAS R. HALES, P.A. | |

| | |
|--|--|
| Principal Place of Business 9724 NORTH ARMENIA AVENUE SUITE 200 TAMPA, FL 33612 US | Mailing Address 9724 NORTH ARMENIA AVENUE SUITE 200 TAMPA, FL 33612 US |
|--|--|

40047514



| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

03152007 Chg-P CR2E034 (12/06)

| | |
|---|--|
| 4. FEI Number 37-1504835 90-0281751 | 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 | |
| HALES, THOMAS R 9724 NORTH ARMENIA AVENUE SUITE 200 TAMPA, FL 33612 | |

| | |
|--|----------|
| 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 _____ (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 | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALES, THOMAS R | NAME | |
| STREET ADDRESS | 9724 NORTH ARMENIA AVENUE, SUITE 200 | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL 33612 | 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 | |
| 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:  **3/30/07 813-936-9161**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40047514



Division of Corporations

2007 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the
annual report form.

| | |
|---|--------------------------------------|
| This information cannot be changed on the report. | |
| Document Number | P05000085520 |
| Business Entity Name | LAW OFFICES OF THOMAS R. HALES, P.A. |
| Original File Date | 06/14/2005 |

FEI Number 37-1501835

Principal Address 9724 NORTH ARMENIA AVENUE
SUITE 200
TAMPA, FL 33612 US

Mailing Address 9724 NORTH ARMENIA AVENUE
SUITE 200
TAMPA, FL 33612 US

Registered Agent THOMAS R HALES
9724 NORTH ARMENIA AVENUE
SUITE 200
TAMPA, FL 33612 US

Officer/Director Name And Address

P
THOMAS R HALES
9724 NORTH ARMENIA AVENUE, SUITE 200
TAMPA, FL 33612 US

If all of the above
information is correct and
you do not wish to make
any changes, please
select:

If you need to make
changes to the above
information, please
select:

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