



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90062 013 ***150.00

DOCUMENT # P93000001958 1. Entity Name W. CRAIG HALL, P.A.					
Principal Place of Business ONE URBAN CENTRE SUITE 750 4830 W. KENNEDY BLVD. TAMPA, FL 33609			Mailing Address ONE URBAN CENTRE SUITE 750 4830 W. KENNEDY BLVD. TAMPA, FL 33609		
2. Principal Place of Business - No P.O. Box # ONE URBAN CENTRE, SUITE 575 Suite, Apt. #, etc. 4830 W. KENNEDY BLVD.		3. Mailing Address ONE URBAN CENTRE, SUITE 575 Suite, Apt. #, etc. 4830 W. KENNEDY BLVD			
City & State TAMPA, FL		City & State TAMPA, FL		01162008 Chg-P CR2E034 (12/06)	
Zip 33609		Country Hills.		4. FEI Number 59-3156932	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HALL, W C 4830 WEST KENNEDY BLVD. ONE URBAN CENTRE SUITE 750 TAMPA, FL 33609			7. Name and Address of New Registered Agent Name HALL, W. C. Street Address (P.O. Box Number is Not Acceptable) 4830 W. KENNEDY BLVD. ONE URBAN CENTRE, SUITE 575 City TAMPA FL Zip Code 33609		
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 <u>W. Craig Hall</u> DATE <u>1/15/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	DPS HALL, W. C 4830 WEST KENNEDY BLVD. SUITE 750 TAMPA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4830 W. KENNEDY BLVD., SUITE 575 TAMPA, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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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"/> Change <input type="checkbox"/> Addition			
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: <u>W. Craig Hall</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/15/08</u> Daytime Phone #: <u>813-286-4300</u>			