## 2007 FOR PROFIT CORPORÁTION ANNUAL REPORT

## FILED Feb 15, 2007 08:00 A Secretary of State

ANNUAL REPORT				C 4 C C			
DOCU	MENT # P930000433			ì	Secretar	y 01 S	
1. Entity Name							
HALL'S FI	EED STORE, INC.						
Principal Place	of Business	Mailing Address					
15 E 5 ST APOPKA, FL 32703		15 E 5 ST APOPKA, FL 32703					
5. 15 4 . 5					16:61 HIN 88HI 88HI 88HI		L AMARA II IARA
	The State of the State of the	A TOTAL TOTAL STATE OF THE STAT					
DO NOT WRITE IN THIS SPAC				02122007	No Chg-P	CR2E034 (11/0	5)
D	O NOT WRITE	IN THIS SPA	<b>GE</b>	4. FEI Numbe		<del></del>	Applied For
				59-319		_ \$8.75	Not Applicable
Section 1	6. Name and Address of Current Re	or an large and a significant	Transfer at the Sec	5. Certaicate	of Status Desired	Fee Requ	
	6. Name and Address of Current Re	harared Agent					
HALL, LESLIE C 15 E 5 ST				DO	NOT W	RITE	
APOPKA, FL 32703				INT	HIS SP	ACE	
	named entity submits this statement for th	e purpose of changing its register	ed office or register		h, in the State of Flo	rida. I am familiar wi	th, and accept
the obligati	ions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent and	utle if applicable (NOTE: Registere	ed Agent signature required	i when reinstaling)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final     Trust Fund Contribution.		.00 May Be led to Fees	U0000 02/26/07	0636601 -80026-017	150.80
10.	OFFICERS AND DIF	RECTORS					
TITLE NAME	D HALL, LESLIE C						
STREET ADDRESS	15 E 5 ST						
CITY-ST-ZIP	APOPKA, FL 32703						
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS CITY-ST-ZIP				DO	<b>NOT W</b>	RITE ACE	
TITLE			Part of Exp. 18	IN	THIS SF	ACE	
NAME STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME STREET ADDRESS				(A)			
CITY-\$1-ZIP				<b>第55万条款</b>	Property of		

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 olbed like empowered.

SIGNATURE: X

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

LCSIR C. HALL

12/2007 407-886-