

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90022 007 ***150.00

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1. Entity Name
CIRCLE SEVEN-L, INC.



Principal Place of Business
1223 RIVERBEND DR
LABELLE, FL 33935

Mailing Address
P O BOX 757
LABELLE, FL 33935

24012134



02082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3333173

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, LARRY T
1223 RIVERBEND DR
P O BOX 757
LA BELLE, FL 33935

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VDS
NAME	HALL, JOHN T
STREET ADDRESS	1223 RIVER BEND DR
CITY - ST - ZIP	LABELLE, FL 33935
TITLE	PTD
NAME	HALL, LARRY T
STREET ADDRESS	1223 RIVER BEND DR
CITY - ST - ZIP	LABELLE, FL 33935
TITLE	D
NAME	HALL, STEVEN T
STREET ADDRESS	1223 RIVER BEND DR
CITY - ST - ZIP	LABELLE, FL 33935
TITLE	D
NAME	Hall, Natalie A.
STREET ADDRESS	1223 Riverbend Dr
CITY - ST - ZIP	Labelle, Fla 33935
TITLE	D
NAME	Brian T. Hall
STREET ADDRESS	1223 Riverbend Dr
CITY - ST - ZIP	Labelle, Fla 33935
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-04

Date

863-675-1313

Daytime Phone #