

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90063 006 ***150.00

DOCUMENT # P96000069948

1. Entity Name

GENE HALL, INC.



Principal Place of Business

4044 SW GLENEAGLES CIRCLE
PALM CITY FL 34990

Mailing Address

4044 SW GLENEAGLES CIRCLE
PALM CITY FL 34990

2. Principal Place of Business

711 W. Indiantown Road

Suite, Apt. #, etc.

Suite # A - 4

City & State

Jupiter, FL 33458

Zip

Country

Palm Beach

3. Mailing Address

711 W. Indiantown Road

Suite, Apt. #, etc.

Suite # A-4

City & State

Jupiter, Florida

Zip

33458

Country

Palm Beach



MOORE

CR2E034 (11/03)

4. FEI Number

65-0693184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, GENE
4044 SW GLENEAGLES CIRCLE
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

Roy Wiley

Street Address (P.O. Box Number is Not Acceptable)

711 W. Indiantown Road

Suite A-4

City Jupiter

FL

Zip Code
33458

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

Roy Wiley

Roy Wiley

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, GENE	NAME	Hall, Gene
STREET ADDRESS	4044 SW GLENEAGLES CIRCLE	STREET ADDRESS	4710 Silver Stream Drive
CITY-ST-ZIP	PALM CITY FL	CITY-ST-ZIP	Cumming, GA 30040
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	
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 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:

Gene Hall

Gene Hall, President