


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90021 042 \*\*\*150.00

<b>DOCUMENT # P96000069948</b>	
1. Entity Name <b>GENE HALL, INC.</b>	

Principal Place of Business <b>711 W INDIANTOWN ROAD SUITE A-4 JUPITER, FL 33458</b>	Mailing Address <b>711 W INDIANTOWN ROAD SUITE # A-4 JUPITER, FL 33458</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc. <b>SUITE A-2</b>	3. Mailing Address  Suite, Apt. #, etc. <b>SUITE A-2</b>
City & State  Zip	City & State  Zip
Country	Country

03202008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0693184</b>	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  <b>WILEY, ROY 711 W INDIANTOWN ROAD SUITE A-2 JUPITER, FL 33458</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *X Roy Wiley* DATE *3-30-08*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	OD HALL, GENE 4710 SILVER STREAM DR CUMMING, GA 30040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *C Gene Hall* DATE *3/2/2008* DAYTIME PHONE # *678-513-9130*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR