

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90037 032 ***150.00

DOCUMENT # P96000086129

1. Entity Name
MARSH & HALL, INC.



Principal Place of Business
**4100 S FERDON BLVD.
SUITE B-2
CRESTVIEW, FL 32536**

Mailing Address
**4100 S FERDON BLVD.
SUITE B-2
CRESTVIEW, FL 32536**

50000743



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0703933

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LASSETER, MARY MARSH
3702 FIRST AVENUE WEST
BRADENTON, FL 34205-2612**

Name

Clifton Hall

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

4100 S. FERDON BLVD

SUITE B-2

City

CRESTVIEW

FL

Zip Code
32536

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

Clifton Hall

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, 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 **D** ☒ Delete
NAME **LASSETER, MARY MARSH**
STREET ADDRESS **3702 FIRST AVENUE WEST**
CITY-ST-ZIP **BRADENTON, FL 342052612**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HALL, CLIFTON**
STREET ADDRESS **4100 S. FERDON BLVD. SUITE B-2**
CITY-ST-ZIP **CRESTVIEW, FL 32536**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Clifton Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/08

Date

850-689-8881

Daytime Phone