

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000021261**

1. Entity Name  
**HALL PRINTWORKS, INC.**



Principal Place of Business  
**8509 BENJAMIN RD.  
SUITE #E  
TAMPA, FL 33634 US**

Mailing Address  
**8509 BENJAMIN RD.  
SUITE #E  
TAMPA, FL 33634 US**



04192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3436422**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HALL, PAULA B  
8509 BENJAMIN RD. SUITE E  
TAMPA, FL 33634**

**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**

**000000126581  
04/23/04-00000-019 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
HALL, PAULA B  
16809 ASHWOOD DRIVE  
TAMPA, FL 33624**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**COO  
ROBERT W HALL  
16809 ASHWOOD DR  
TAMPA, FL 33624**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V:  
GEORGE B HALL III  
16211 BELLE MEADE BLVD.  
ODESSA, FL 33556**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:** Paula B. Hall  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04  
Date

813-870-1862  
Daytime Phone #