

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90031 043 \*\*\*150.00

**DOCUMENT # P97000077538**

1. Entity Name

G. L. HALL, INC.



Principal Place of Business

7130 DAFFODIL DR  
BROOKSVILLE FL 34601

Mailing Address

7130 DAFFODIL DR  
BROOKSVILLE FL 34601

2. Principal Place of Business

15010 Vicki Lane

Suite, Apt. #, etc.

3. Mailing Address

15010 Vicki Lane

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State  
Brooksville, FL

City & State  
Brooksville, FL

4. FEI Number 59-3467030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip  
34613

Country  
Hernando

Zip  
34613

Country  
Hernando

6. Name and Address of Current Registered Agent

HALL, GORDON L  
7130 DAFFODIL DR  
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name  
Alan K. Smelko

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

15010 Vicki Lane

City  
Brooksville

FL

Zip Code  
34613

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

Alan K. Smelko

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-24-04

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

TITLE  
NAME  
ST  
HALL, BARBARA ☒ Delete  
STREET ADDRESS  
7130 DAFFODIL DR  
CITY-ST-ZIP  
BROOKSVILLE FL 34601

TITLE  
NAME  
P  
HALL, GORDON L ☒ Delete  
STREET ADDRESS  
7130 DAFFODIL DR  
CITY-ST-ZIP  
BROOKSVILLE FL 34601

TITLE  
NAME  
VP  
SMELKO, ALAN ☐ Delete  
STREET ADDRESS  
15010 VICKI LANE  
CITY-ST-ZIP  
BROOKSVILLE FL 34613

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
ST  
Willette J. Smelko ☒ Change ☐ Addition  
STREET ADDRESS  
15010 Vicki Lane  
CITY-ST-ZIP  
Brooksville, FL 34613

TITLE  
NAME  
P  
Alan K. Smelko ☒ Change ☐ Addition  
STREET ADDRESS  
15010 Vicki Lane  
CITY-ST-ZIP  
Brooksville, FL 34613

TITLE  
NAME  
VP  
Alan K. Smelko ☒ Change ☐ Addition  
STREET ADDRESS  
15010 Vicki Lane  
CITY-ST-ZIP  
Brooksville, FL 34613

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

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

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
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:

Alan K. Smelko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-04

Date

352-754-8730

Daytime Phone #