

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90071 018 ***150.00

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1. Entity Name

HALLBERG PUBLISHING CORPORATION



Principal Place of Business

P.O. BOX 331
MYAKKA CITY FL 34251

Mailing Address

P.O. BOX 331
MYAKKA CITY FL 34251

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

PO Box 23985

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

Zip

Country

Zip

33623

Country

4. FEI Number

65-0794459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALLBERG, CHARLES
35571 ST ROUTE 70 EAST
MYAKKA CITY FL 34251

No mail box must use PO Box 331

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 ☒ President & Secretary ☐ Delete
NAME HALLBERG, CHARLES M
STREET ADDRESS P.O. BOX 331, 35571 SR 70 E
CITY-ST-ZIP MYAKKA CITY FL 34251-0331

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ President & Secretary ☐ Change ☐ Addition
NAME HALLBERG, CHARLES M
STREET ADDRESS PO Box 331, 35571 SR 70 E
CITY-ST-ZIP MYAKKA CITY, FL 34251-0331

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS HALLBERG, CLARK
CITY-ST-ZIP N6568 Anderson Drive
DELAVER, WI 53115

TITLE ☐ Change ☒ Addition
NAME TREASURER
STREET ADDRESS CHRISTEN KLIENSCHMIDT
CITY-ST-ZIP 29170 Stonewood Rd #10
TEMECULA, CA 92591

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES HALLBERG

Date

Daytime Phone #

3/15/04 84-633-7627