


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90039 050 ***150.00

DOCUMENT # P98000080052						
1. Entity Name ROBERT M. HALL, II, INC.						
Principal Place of Business 3600 N.E. 22 AVE. FORT LAUDERDALE, FL 33308			Mailing Address 3600 N.E. 22 AVE. FORT LAUDERDALE, FL 33308			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 65-0861969		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent				
HALL, JAMES B 3600 N.E. 25TH AVE. FORT LAUDERDALE, FL 33308		Name <u>HALL, James B.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3600 NE 22 AVE.</u> City <u>FORT Lauderdale</u> FL <u>33308</u>				
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 <u>James B. Hall</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>James B. Hall, Director</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>2/18/04</u> <small>DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, ROBERT M II 26 HILLCREST AVE. ENDENHEIM, PA 19038		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, JAMES B 3600 NE 22 AVE. FORT LAUDERDALE, FL 33308		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Robert M. Hall II</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2/18/04</u> <small>Date</small>		<u>229-293-0818</u> <small>Daytime Phone #</small>		