## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 27, 2007 8:00 am Secretary of State **DOCUMENT # S81691** 04-27-2007 90229 040 \*\*\*158.75 1. Entity Name HALL-TRIDENT CORPORATION 60043241 Principal Place of Business Mailing Address **4270 79TH STREET 4270 79TH STREET** VERO BEACH, FL 32967 VERO BEACH, FL 32967 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 CR2E034 (12/06) Cha-P City & State City & State 4 FEI Number Applied For 65-0287919 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, RICHARD H. Street Address (P.O. Box Number is Not Acceptable) **4270 79TH STREET** VERO BEACH, FL 32967 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete TITLE ☐ Change ☐ Addition HALL, RICHARD H. NAME NAME STREET ADDRESS **4270 79TH STREET** STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32967 CITY-ST-ZIP $\nabla D$ TITLE ☐ Delete TITLE (X) Change ☐ Addition HALL, DAVID HALL, DAVID NAME NAME STREET ADDRESS 1175 17TH LANE SW STREET ADDRESS VERD BEACH, FL 32962 CITY-ST-ZIP VERO BEACH, FL 32962 CITY-ST-ZIP VΠ $\overline{\mathbf{D}}$ TITLE ☐ Delete TITLE Change Ch ☐ Addition HALL, ERIC HALL, ERIC NAME NAME STREET ADDRESS 2826 TROPICAL AVENUE STREET ADDRESS 2826 TROPICAL AVENUE CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP VERO BEACH FL 32960 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TATLE Change noitibhA 🔲 NAME NAME STREET ADDRESS 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:

**FILED**