2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AF
Secretary of State

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1. Entity Nan	MENT # S97974 N W. HALL, P.A.			3	S	Secretai	ry of Sta
Principal Place of Business		Malling Address				•	
1520 TENTH AVE NORTH		1520 TENTH AVE NORTH Suite F			•		
		LAKE WORTH, FL 33460 U	2		 	I BUBU BUBU BUBU BERU B	
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DO NOT WRITE IN THIS SPA			CE.	01052008	No Chg-P	CR2E034 (11	/05)
	JO NO! WRITE	IN I HIS SPA	UE .	4. FEI Numb 65-029			Applied For Not Applicable
					of Status Desired	□ \$8.75	5 Additional
Fr. A. Sylfer, Self	6. Name and Address of Current Re	gistered Agent			36 28 38 38 37 3644, 4		
HALL, STE	EPHEN W.			no	NOT W	DITE	
11391 MA	NATEE TERRACE RTH, FL 33467				TABLE MERLAPE		
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				[a]q (1 + Q A) - 1 - 2 内 (4 A)			
	named entity submits this statement for the tions of registered agent.	e purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	rida. I am familiar	with, and accept
SIGNATURE	remain and the second of the s						
#KAMPE	Signalure, typed of printed name of registered agent and	tille if applicable (1) (NOTE: Registere	d Agent signature required	when reinstating)	Markey Street	DATE IN THE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees	01/10/08-	77729029 80002-006	150.00
10.	OFFICERS AND DI	RECTORS	3	() "清清清	5347330	FERMIN	
TITLE NAME	DPST STEPHEN W. HALL						
STREET ADDRESS City-ST-ZIP	11391 MANATEE TERRACE	,	1				
TITLE	LAKE WORTH, FL	<u> </u>					
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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:

CITY-ST-ZIP.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08

Date

5tel - 533-9706

Daytime Phone