


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # V12236
1. Entity Name
ANTHONY D. HALL, C.P.A., P.A.



Principal Place of Business — Mailing Address
3050 UNIVERSAL BLVD. 3050 UNIVERSAL BLVD.
SUITE 130 SUITE 130
WESTON, FL 33331 US WESTON, FL 33331 US

DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0308179	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HALL, ANTHONY D.
3050 UNIVERSAL BLVD.
SUITE 130
WESTON, FL 33331

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

02/03/05-80003-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP HALL, ANTHONY D 3050 UNIVERSAL BLVD. SUITE 130 WESTON, FL 33331
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

02/03/05-80003-014 8.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Anthony D. Hall 01/24/05 (954)385-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ANTHONY D. HALL