

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000089392

**Entity Name:** HALL, SCHIEFFELIN & SMITH, P.A.

**Current Principal Place of Business:**

1030 WEST CANTON AVENUE  
SUITE 200  
WINTER PARK, FL 32789

**Current Mailing Address:**

P.O. BOX 1090  
WINTER PARK, FL 32790

**FEI Number:** 59-3544884

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HALL, LARRY D  
1030 WEST CANTON AVENUE  
SUITE 200  
WINTER PARK, FL 32789 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO, DIRECTOR  
Name            HALL, LARRY D  
Address        950 S. LAKE ADAIR BLVD.  
City-State-Zip: ORLANDO FL 32804

Title            TREASURER, CFO, DIRECTOR  
Name            SCHIEFFELIN, THOMAS LJR.  
Address        424 TIMBER RIDGE DRIVE  
City-State-Zip: LONGWOOD FL 32779

Title            VP/SECRETARY/DIRECTOR  
Name            SMITH, BRIAN L  
Address        2107 MERRITT PARK DRIVE  
City-State-Zip: ORLANDO FL 32803

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LARRY D. HALL

**PRESIDENT/CEO**

**01/16/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date