


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90047 005 ***150.00

DOCUMENT # P0000078044

1. Entity Name
HAL CORSON, INC.



Principal Place of Business
**11001 S.W. 117 AVENUE
 MIAMI, FL 33186**

Mailing Address
**11001 S.W. 117 AVENUE
 MIAMI, FL 33186**

2. Principal Place of Business
200 ATRIUM WAY
 Suite, Apt. #, etc.
APT. 1408

3. Mailing Address
200 ATRIUM WAY
 Suite, Apt. #, etc.
APT. 1408

City & State
COLUMBIA, SC

City & State
COLUMBIA, SC

Zip
29223 Country
USA

Zip
29223 Country
USA



01062004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1033094

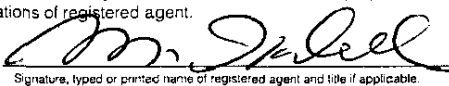
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CORSON, HAL
11001 S.W. 117 AVENUE
MIAMI, FL 33186

7. Name and Address of New Registered Agent
 Name **M. TACHIBANA, CPA**
 Street Address (P.O. Box Number is Not Acceptable)
1000 QUAYSIDE TERR #1608
 City **MIAMI** FL Zip Code **33138**

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  **M. TACHIBANA, CPA** 3-15-04
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORSON, HAL 11001 S.W. 117 AVENUE MIAMI, FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTV CORSON, GERRI 11001 S.W. 117 AVENUE MIAMI, FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
200 ATRIUM WAY / APT. 1408 COLUMBIA, SC 29223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
200 ATRIUM WAY / APT. 1408 COLUMBIA, SC 29223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **HAL CORSON** 3/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #