



Companies House

AR01 (ef)

Annual Return



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Company Name: **HALLCO 1241 LIMITED**

Company Number: **05584738**

Date of this return: **06/10/2014**

SIC codes: **70100**

Company Type: **Private company limited by shares**

Situation of Registered Office: **OPTIMUM HOUSE
CLIPPERS QUAY
SALFORD
GREATER MANCHESTER
M50 3XP**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **DEBORAH JANE**

Surname: **MASON**

Former names:

Service Address recorded as Company's registered office

Company Director 1

Type: **Person**
Full forename(s): **MR SIMON RICHARD**

Surname: **ASHDOWN**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **04/10/1974** Nationality: **BRITISH**
Occupation: **DIRECTOR**

Company Director 2

Type: **Person**
Full forename(s): MR ANDREW

Surname: ROBERTS

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: UNITED KINGDOM

Date of Birth: 03/11/1968 *Nationality:* BRITISH

Occupation: DIRECTOR

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	2
		<i>Aggregate nominal value</i>	2
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0
<i>Prescribed particulars</i>			
NO PARTICULARS			

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	2
		<i>Total aggregate nominal value</i>	2

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 06/10/2014 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : **2 ORDINARY shares held as at the date of this return**
Name: **PERVAIZ NAVIEDE**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.