2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004
Secretary of State

DOCUMENT# 365475

Entity Name: HALFACRE CONSTRUCTION COMPANY

Current Principal Place of Business:

7015 PROFESSIONAL PKWY E
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

PATTERSON, JOHN
46 NORTH WASHINGTON BOULEVARD, #1
SARASOTA, FL 34236 US

New Mailing Address:

46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA, FL 34236 US

FEI Number: 59-1297826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTERSON, JOHN
46 N WASHINGTON BLVD
SUITE 1
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

LPS CORPORATE SERVICES, INC.
46 N WASHINGTON BLVD
SUITE 1
SARASOTA, FL 34236 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: JOHN PATTERSON 04/09/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: COX, JOHN J
Address: 7015 PROFESSIONAL PKWY E
City-St-Zip: SARASOTA, FL 34240

Title: DP ( ) Delete
Name: COX, JOHN J III
Address: 7015 PROFESSIONAL PKWY E
City-St-Zip: SARASOTA, FL 34240

Title: VP ( ) Delete
Name: COX, CHRISTOPHER J
Address: 7015 PROFESSIONAL PKWY E
City-St-Zip: SARASOTA, FL 34240

Title: ST ( ) Delete
Name: SAMPSON, VANESSA
Address: 7015 PROFESSIONAL PKWY E
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN J. COX V 04/09/2004
Electronic Signature of Signing Officer or Director Date