


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90079 015 ***150.00

DOCUMENT # 365475 1. Entity Name HALFACRE CONSTRUCTION COMPANY					
Principal Place of Business 7015 PROFESSIONAL PKWY E SARASOTA, FL 34240 US			Mailing Address 46 N. WASHINGTON BLVD. SUITE 1 SARASOTA, FL 34236 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LPS CORPORATE SERVICES, INC. 46 N WASHINGTON BLVD SUITE 1 SARASOTA, FL 34236				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COX, JOHN J		NAME		
STREET ADDRESS	7015 PROFESSIONAL PKWY E		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COX, JOHN J III		NAME		
STREET ADDRESS	7015 PROFESSIONAL PKWY E		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COX, CHRISTOPHER J		NAME		
STREET ADDRESS	7015 PROFESSIONAL PKWY E		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMPSON, VANESSA		NAME		
STREET ADDRESS	7015 PROFESSIONAL PKWY E		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 and all other filed information.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			(941) 907-9099 <small>Date Daytime Phone #</small>		

JOHN J. COX, Vice President