


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 07, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # 533663</b> 1. Entity Name <b>JON M. HALL COMPANY</b>	
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Principal Place of Business <b>199 HICKMAN DRIVE SUITE 2001 SANFORD, FL 32771 US</b>	Mailing Address <b>PO BOX 1952 WINTER PARK, FL 32790 US</b>
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01172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1748765</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

<b>HALL, JON M SR 1230 LAKEVIEW DRIVE WINTER PARK, FL 32789</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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

U00000039985

02/09/04-80030-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC HALL, JON M SR 1230 LAKEVIEW DR WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SD DYKES, SUSAN S 720 SHANE DRIVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALL, JAMES C 225 OLD SANFORD OVIEDO ROAD WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD HALL, JON M JR 331 N PHELPS AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Jon M. Hall* **2/4/04** **407-302-2933**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #