

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 533663

FILED  
Nov 29, 2005  
Secretary of State

Entity Name: JON M. HALL COMPANY

## Current Principal Place of Business:

199 HICKMAN DRIVE  
SUITE 2001  
SANFORD, FL 32771 US

## Current Mailing Address:

199 HICKMAN DRIVE  
SUITE 2001  
SANFORD, FL 32771 US

## New Principal Place of Business:

1920 BOOTHE CIRCLE  
SUITE 110  
LONGWOOD, FL 32750 US

## New Mailing Address:

P O BOX 1952  
WINTER PARK, FL 32799 US

FEI Number: 59-1748765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALL, JON M SR  
1100 S. ATLANTIC AVENUE  
NEW SMYRNA BEACH, FL 32169 US

## Name and Address of New Registered Agent:

HALL, JON M SR  
910 NORTH PENINSULA AVE  
NEW SMYRNA BEACH, FL 32169 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:

11/29/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PDC ( ) Delete  
Name: HALL, JON M SR  
Address: 1100 S. ATLANTIC AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: V SD ( ) Delete  
Name: DYKES, SUSAN S  
Address: 212 E. LAKE VICTORIA CIRCLE  
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete  
Name: HALL, JAMES C  
Address: 225 OLD SANFORD OVIEDO ROAD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VTD ( ) Delete  
Name: HALL, JON M JR  
Address: 211 ORANGE TERRACE DRIVE  
City-St-Zip: WINTER PARK, FL 32789

Title: V ( ) Delete  
Name: CARSON, KEITH  
Address: 616 VANDENBERG STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change ( ) Addition  
Name: HALL, JON M SR  
Address: 910 NORTH PENINSULA AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: SUSAN S DYKES

VP

11/29/2005

Electronic Signature of Signing Officer or Director

Date