

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 533663

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: JON M. HALL COMPANY

## Current Principal Place of Business:

1920 BOOTHE CIRCLE  
SUITE 110  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

## Current Mailing Address:

1920 BOOTHE CIRCLE  
SUITE 110  
LONGWOOD, FL 32750 US

## New Mailing Address:

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  
910 NORTH PENINSULA AVE  
NEW SMYRNA BEACH, FL 32169 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: V SD ( ) Delete  
Name: DYKES, SUSAN S  
Address: 1720 TIMBER HILLS DRIVE  
City-St-Zip: DELAND, FL 32724

Title: D (X) 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: P ( ) Delete  
Name: CARSON, KEITH  
Address: 1554 RIDGE LAKE CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

Title: V ( ) Delete  
Name: NAVIGATO, DONALD C  
Address: 10125 NONA STREET  
City-St-Zip: ORLANDO, FL 32825

## 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:

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 exemption stated in Chapter 119, 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: CINDY BRADFIELD / CONTROLLER

CONT

04/14/2008

Electronic Signature of Signing Officer or Director

Date