

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 533663

FILED
Mar 04, 2009
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: DC () Delete
Name: HALL, JON M SR
Address: 910 NORTH PENINSULA AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

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

Title: S () Delete
Name: BRADFIELD, CINDY J
Address: 20 W. HAZEL ST.
City-St-Zip: ORLANDO, FL 32804

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

S

03/04/2009

Electronic Signature of Signing Officer or Director

Date