


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000000316	
1. Entity Name JONES AND HALL VENTURES, INC.	

Principal Place of Business 4119 BROWNS BRIDGE ROAD GAINESVILLE, GA 30504	Mailing Address 4119 BROWNS BRIDGE ROAD GAINESVILLE, GA 30504
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01042006 No Chg-P CR2E034 (11/05)

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4. FEI Number 58-2185789	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYDEN, CALVIN E
6282-3 DUPONT STATION COURT EAST
JACKSONVILLE, FL 32217

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000485531 04/12/06-80087-001 150.00
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10. OFFICERS AND DIRECTORS

TITLE	TVD
NAME	JONES, C.A. SANDY
STREET ADDRESS	133 CARNEGIE WAY N.W., SUITE 1000
CITY-ST-ZIP	ATLANTA, GA 30303
TITLE	PDC
NAME	HALL, W. DON
STREET ADDRESS	4119 BROWNS BRIDGE ROAD
CITY-ST-ZIP	GAINESVILLE, GA 30504
TITLE	S
NAME	KULL, KATHY
STREET ADDRESS	4119 BROWNS BRIDGE ROAD
CITY-ST-ZIP	GAINESVILLE, GA 30504
TITLE	VD
NAME	HALL, TIM
STREET ADDRESS	4119 BROWNS BRIDGE ROAD
CITY-ST-ZIP	GAINESVILLE, GA 30504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  KATHY KULL 3/21/06 (110) 536-3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR