

7 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # K99022

Entity Name

HALFACRE CONSTRUCTION COMPANY, INC.



Principal Place of Business

7015 PROFESSIONAL PKWY EAST
SARASOTA, FL 34240 US

Mailing Address

46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA, FL 34236 US



02212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0132593 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LPS CORPORATE SERVICES, INC.
46 NORTH WASHINGTON BLVD.
SUITE 1
SARASOTA, FL 34236

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000676810
03/30/07-80076-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COX, JOHN J.
STREET ADDRESS	7015 PROFESSIONAL PARKWAY EAST
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	DST
NAME	COX, JOHN J III
STREET ADDRESS	7015 PROFESSIONAL PARKWAY EAST
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-07 941-907-9099

Date

Daytime Phone #

John J. Cox, President