


FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90058 045 ***158.75

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000091276 1. Entity Name HAL JONES CONTRACTOR, INC.	
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Principal Place of Business 779 TALLEYRAND AVE JACKSONVILLE, FL 32202	Mailing Address PO BOX 13326 JACKSONVILLE, FL 32206
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50005156



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3476170	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPEICHER, GLENN C 779 TALLEYRAND AVE JACKSONVILLE, FL 32202	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, HAL L JR 132 NORTH COVE DRIVE PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HARRISON, DENNIS E 3540 KINDLEWOOD DR MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS SPEICHER, GLENN C 7743 HILSDALE HARBOR CT JACKSONVILLE, FL 32216
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 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 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: Glenn C. Speicher **Treasurer** 1/14/05 904-355-5885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **GLENN C. Speicher** Date Daytime Phone #