

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000091276

1. Entity Name
HAL JONES CONTRACTOR, INC.



Principal Place of Business
779 TALLEYRAND AVE
JACKSONVILLE, FL 32202

Mailing Address
PO BOX 13326
JACKSONVILLE, FL 32206

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3476170

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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**

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

01/09/06-80018-021 158.75

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JONES, HAL L JR
STREET ADDRESS	132 NORTH COVE DRIVE
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	DVP
NAME	HARRISON, DENNIS E
STREET ADDRESS	3540 KINDLEWOOD DR
CITY - ST - ZIP	MIDDLEBURG, FL 32068
TITLE	DTS
NAME	SPEICHER, GLENN C
STREET ADDRESS	7743 HILSDALE HARBOR CT
CITY - ST - ZIP	JACKSONVILLE, FL 32216
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

Glenn C. Speicher
Glenn C. Speicher

Treasurer

1/05/06

Date

904-355-5885

Daytime Phone #