

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000091276

FILED
Jun 21, 2006
Secretary of State**Entity Name:** HAL JONES CONTRACTOR, INC.**Current Principal Place of Business:**779 TALLEYRAND AVE
JACKSONVILLE, FL 32202**New Principal Place of Business:**720 TALLEYRAND AVE
JACKSONVILLE, FL 32202**Current Mailing Address:**PO BOX 13326
JACKSONVILLE, FL 32206**New Mailing Address:**PO BOX 3257
JACKSONVILLE, FL 32206**FEI Number:** 59-3476170**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SPEICHER, GLENN C
779 TALLEYRAND AVE
JACKSONVILLE, FL 32202 US**Name and Address of New Registered Agent:**SPEICHER, GLENN C
720 TALLEYRAND AVE
JACKSONVILLE, FL 32202 US

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:

06/21/2006

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: DP () Delete
Name: JONES, HAL L JR
Address: 132 NORTH COVE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DVP () Delete
Name: HARRISON, DENNIS E
Address: 3540 KINDLEWOOD DR
City-St-Zip: MIDDLEBURG, FL 32068

Title: DTS () Delete
Name: SPEICHER, GLENN C
Address: 7743 HILSDALE HARBOR CT
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCB (X) Change () Addition
Name: JONES, HAL L JR
Address: 132 NORTH COVE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DP (X) Change () Addition
Name: HARRISON, DENNIS E
Address: 3540 KINDLEWOOD DR
City-St-Zip: MIDDLEBURG, FL 32068

Title: VPTS (X) Change () Addition
Name: SPEICHER, GLENN C
Address: 7743 HILSDALE HARBOR CT
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP () Change (X) Addition
Name: JONES, III, HAL L
Address: 3947 CATTAIL POND DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP () Change (X) Addition
Name: KIRKLAND, PAUL C
Address: 2988 OAK CREEK LANE
City-St-Zip: JACKSONVILLE, FL 32221

I hereby certify that the information supplied with this filing does not qualify for the 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: GLENN C. SPEICHER

VPTS

06/21/2006

Electronic Signature of Signing Officer or Director_____
Date