

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 365475

**Entity Name:** HALFACRE CONSTRUCTION COMPANY

**Current Principal Place of Business:**

7015 PROFESSIONAL PKWY E  
SARASOTA, FL 34240

**Current Mailing Address:**

7015 PROFESSIONAL PKWY E  
SARASOTA, FL 34240 US

**FEI Number:** 59-1297826

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NORTON, SAM D  
1819 MAIN STREET  
SUITE 610  
SARASOTA, FL 34236 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPST  
Name COX, JOHN JIII  
Address 7015 PROFESSIONAL PKWY E  
City-State-Zip: SARASOTA FL 34240

Title VP  
Name REES, THOMAS  
Address 7015 PROFESSIONAL PKWY E  
City-State-Zip: SARASOTA FL 34240

Title VP  
Name GIASSON, REED  
Address 7015 PROFESSIONAL PKWY E  
City-State-Zip: SARASOTA FL 34240

Title AUTHORIZED REPRESENTATIVE  
Name JOHNSON, KIMBERLY  
Address 7015 PROFESSIONAL PKWY E  
City-State-Zip: SARASOTA FL 34240

I hereby 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 all other like empowered.

**SIGNATURE:** KIMBERLY JOHNSON

**AUTHORIZED  
REPRESENTATIVE**

**02/24/2025**

Electronic Signature of Signing Officer/Director Detail

Date