

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90018 027 ***150.00

DOCUMENT # 507208
 1. Entity Name
HAUFLER CONSTRUCTION COMPANY




Principal Place of Business Mailing Address
3700 A-100 NW 91ST STREET **3700 A-100 NW 91ST ST**
GAINESVILLE, FL 32607-4638 **GAINESVILLE, FL 32606 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

54038870



02112004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1690954 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HAUFLER, EUGENE
3700 A-100 N.W. 91ST STREET
GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *Oscar E. Haufler* *Dir.* DATE

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HAUFLER, OSCAR E.	
STREET ADDRESS	7901 N.W. 39TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL.	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAUFLER, EUGENE	
STREET ADDRESS	9001 N.W. 39TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL.	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	HAUFLER, DALE E.	
STREET ADDRESS	19,01 NW 57TH TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAUFLER, RAY E.	
STREET ADDRESS	RT 3, BOX 24	
CITY-ST-ZIP	HAWTHORNE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>4129 NW 133rd ST</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Oscar E. Haufler Dir.* *4-20-04* *355-376-3336*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #