
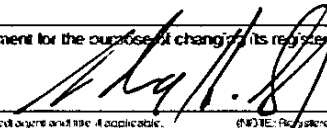
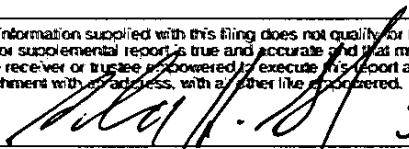


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90019 017 \*\*\*150.00

<b>DOCUMENT # 507208</b>					
1. Entity Name HAUFLER CONSTRUCTION COMPANY					
Principal Place of Business 3700 A-100 NW 91ST STREET GAINESVILLE, FL 32607-4638			Mailing Address 3700 A-100 NW 91ST ST 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	4. FEI Number 59-1690954	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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: SANDRA H. SONTAG Street Address (P.O. Box Number is Not Acceptable): 3700 NW 91 STREET, A-100 City: Gainesville FL Zip Code: 32606		
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: 		DATE: 4/4/05			
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D	HAUFLER, OSCAR E.	<input checked="" type="checkbox"/> Delete	TITLE: DIRECTOR/PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 7901 N.W. 39TH AVE.	GAINESVILLE FL,		NAME: OSCAR E. HAUFLER	STREET ADDRESS: 3700 NW 91 STREET, A-100	CITY- ST- ZIP: Gainesville, FL 32606
TITLE: PD	HAUFLER, EUGENE	<input checked="" type="checkbox"/> Delete	TITLE: DIRECTOR/SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 4129 NW 133RD STREET	GAINESVILLE, FL		NAME: SANDRA H. SONTAG	STREET ADDRESS: 3700 NW 91 STREET, A-100	CITY- ST- ZIP: Gainesville, FL 32606
TITLE: DVST	HAUFLER, DALE E.	<input checked="" type="checkbox"/> Delete	TITLE: DIRECTOR/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 19,01 NW 57TH TERRACE	GAINESVILLE, FL		NAME: DALE E. HAUFLER	STREET ADDRESS: 3700 NW 91 STREET, A-100	CITY- ST- ZIP: Gainesville, FL 32606
TITLE: VPD	HAUFLER, RAY E.	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: RT 3, BOX 24	HAWTHORNE, FL		NAME:	STREET ADDRESS:	CITY- ST- ZIP:
TITLE:		<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:			NAME:	STREET ADDRESS:	CITY- ST- ZIP:
STREET ADDRESS:			STREET ADDRESS:		
CITY- ST- ZIP:			CITY- ST- ZIP:		
TITLE:		<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:			NAME:	STREET ADDRESS:	CITY- ST- ZIP:
STREET ADDRESS:			STREET ADDRESS:		
CITY- ST- ZIP:			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)(d), 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 address, with a letter like empowered.					
SIGNATURE: 		DATE: 4/4/05		352 376 3336	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					