

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90013 049 \*\*\*550.00



<b>DOCUMENT # 507208</b>					
1. Entity Name <b>HAUFLER CONSTRUCTION COMPANY</b>					
Principal Place of Business <b>3700 A-100 NW 91ST STREET GAINESVILLE, FL 32607-4638</b>		Mailing Address <b>3700 A-100 NW 91ST ST GAINESVILLE, FL 32606 US</b>			
2. Principal Place of Business - No P.O. Box # <b>3500 NW 97 Blvd</b>		3. Mailing Address <b>3500 NW 97 Blvd.</b>			
Suite, Apt. #, etc. <b>A</b>		Suite, Apt. #, etc. <b>A</b>			
City & State <b>Gainesville Florida</b>		City & State <b>Gainesville, Florida</b>		06012007 Chg-P CR2E034 (12/06)	
Zip <b>32606</b>		Country <b>USA</b>		4. FEI Number <b>59-1690954</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SONTAG, SANDRA H 3700 NW 91 STREET, A-100 GAINESVILLE, FL 32606</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAUFLER, OSCAR E		NAME		
STREET ADDRESS	3700 NW 91 STREET, A-100		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SONTAG, SANDRA H		NAME		
STREET ADDRESS	3700 NW 91 STREET, A-100		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAUFLER, DALE E		NAME		
STREET ADDRESS	3700 NW 91 STREET, A-100		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
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			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Oscar Hafler</i>		Oscar E. Hafler, Pres.		6/1/07 352-331-3396	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	