2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Nov 30, 2004
Secretary of State

DOCUMENT# P03000099311

Entity Name: HAMBY CONSTRUCTION & ROOFING, INC

Current Principal Place of Business:

112 LAKE BROWARD LANE
POMONA PARK, FL 32181

New Principal Place of Business:

Current Mailing Address:

112 LAKE BROWARD LANE
POMONA PARK, FL 32181

New Mailing Address:

FEI Number: 20-0534489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMBY, HORACE M
112 LAKE BROWARD LANE
POMONA PARK, FL 32181 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAMBY, HORACE M
Address: 112 LAKE BROWARD LANE
City-St-Zip: POMONA PARK, FL 32181

Title: O ( ) Delete
Name: VERVILLE, ERNIE
Address: 117 CAROLINA STREET
City-St-Zip: CRESCENT CITY, FL 32112

Title: O ( ) Delete
Name: SMITH, CORY M
Address: 518 2ND AVE. P.O. BOX 367
City-St-Zip: WELAKA, FL 32193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change ( ) Addition
Name: CARAMAGNA, AMY H
Address: 220 EAST END ROAD
City-St-Zip: SAN MATEO, FL 32187

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMY CARAMAGNA O 11/30/2004

Electronic Signature of Signing Officer or Director Date