


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 548101 |  |
| 1. Entity Name HAMLET CONSTRUCTION COMPANY | |

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|---|---|
| Principal Place of Business 4260 NE 35 ST OCALA, FL 32670 | Mailing Address 4260 NE 35 ST OCALA, FL 32670 |
|---|---|

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

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|---|--------------------------------|
| 4. FEI Number 59-1771242 | 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

VANDEVEN, HARVEY
4801 SE 11TH PLACE
OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

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 Harvey Vandeven Harvey Vandeven President 1/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|---|
| 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 |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP VADE VEN, WILLIAM C 4125 S.E. 24TH ST OCALA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST VAN DE VEN, CATHERINE M. 4125 S.E. 24TH ST OCALA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P VANDEVEN, HARVEY 4801 SE 11TH PLACE OCALA, FL 34471 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MANNELIN, DONNA J 4609 N E 20TH CT OCALA FL, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/27/05-80073-014 150.00

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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: Harvey Vandeven Harvey Vandeven 1/15/05 (352) 236-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #