

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 12, 2004 08:00 AM  
Secretary of State

DOCUMENT # 623093

1. Entity Name  
HEMBREE CONSTRUCTION, INC.



Principal Place of Business  
4397 36TH STREET S.W.  
ORLANDO, FL 32811-6505 US

Mailing Address  
4397 36TH STREET S.W.  
ORLANDO, FL 32811-6505 US



02232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1912159 Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HEMBREE, JOSEPH W.  
2813 MIDSUMMER DRIVE  
WINDERMERE, FL 34786

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HEMBREE, JOSEPH W.
STREET ADDRESS	2813 MIDSUMMER DR.
CITY-ST-ZIP	WINDERMERE, FL
TITLE	SD
NAME	HEMBREE, CLAIRE C
STREET ADDRESS	2813 MIDSUMMER DR.
CITY-ST-ZIP	WINDERMERE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000109112  
04/12/04-80030-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Joseph W. Hembree  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/04 407-841-9460  
Date Daytime Phone #