
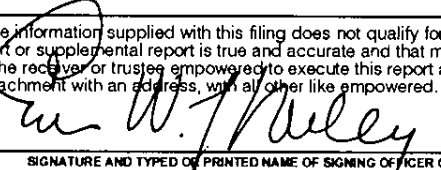


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000005976		
1. Entity Name HPI CONSTRUCTION, INC.		
Principal Place of Business 2 GILLON STREET, STE. A CHARLESTON, SC 29401	Mailing Address 2 GILLON STREET, STE. A CHARLESTON, SC 29401	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WHWW, INC 390 N. ORANGE AVE STE 1500 ORLANDO, FL 32801		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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		000000914524 05/08/08-80061-016 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HARLEY, EDWIN W 2 GILLON STREET, STE. A CHARLESTON, SC 29401	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANCOCK, RAY F JR 8329 CROOKED CREEK LANE EDISTO ISLAND, SC 29438	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS 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: 		4-16-08 843.853-6311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #