
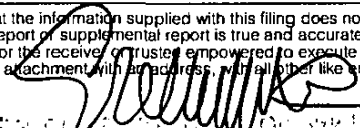


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90296 008 \*\*\*150.00

<b>DOCUMENT # F95000005680</b> 1. Entity Name <b>HANMORE BROS. CONSTRUCTION COMPANY</b>					
Principal Place of Business <b>HBCC BOX 879</b> <b>BILOXI, MS 39533</b>			Mailing Address <b>HBCC BOX 879</b> <b>BILOXI, MS 39533</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HANMORE, JAVID</b> <b>5805 FAIRVIEW DR.</b> <b>PENSACOLA, FL 32505</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD <b>HANMORE, EROL</b> <b>1005 DEMOURELLE</b> <b>PASS CHRISTIAN, MS 39571</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD <b>HANMORE, EROL</b> <b>407 BEACH ST</b> <b>PORT ARANSAS, TX 78373</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <b>HANMORE, JAVID</b> <b>5805 FAIRVIEW DR.</b> <b>PENSACOLA, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.S. <b>JAVID HANMORE</b> <b>1861 SUNKIE DR</b> <b>NAUMBE FLA. 32566</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			EROL HANMORE Date: <b>4-14-05</b> 361 232 1167 Daytime Phone #		