## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # G24091** 1. Entity Name HAB CONSTRUCTION, INC.



**FILED** Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business 7442 CALOOSA DRIVE

BOKEELIA, FL 33922 US

Mailing Address

7442 CALOOSA DRIVE

BOKEELIA, FL 33922 US



DO	NOT	WRITE	IN	THIS	SPACE
	1141	A A 1 Z 1 1 P	81.4	1111	YI AVE

6. Name and Address of Current Registered Agent

01252007	No Chg-P	CRZEUS# (11	/05)
4. FEI Number		I	Applied For
EQ 2278	ERO		Mot Applicat

5. Certificate of Status Desired

\$8.75 Additional Fee Required

BOIES, HARRY A, JR 7442 CALOOSA DR BOKEELIA, FL 33922

SIGNATURE:

## 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 Signature, typed or printed name of registared agent and bite if applicable. (NOTE: Registered Agent eignature required when reinstasting)  DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PTD BOIES, HARRY A. JR. 7442 CALOOSA DR BOKEELIA, FL 33922							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BOIES, HARRY A, JR 7442 CALOOSA DR BOKEELIA, FL 33922				000000606143 01/30/07-80066-015 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADORESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. Thereby 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 without address, with all other like empowered.								

NTED NAME OF BIGNING OFFICER OR DIRECTOR