## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 14, 2005 08:00 AM DOCUMENT # H11750 **Secretary of State** 1. Entity Name HULME CONSTRUCTION, INC. Principal Place of Business = = Mailing Address 12060 STAR RD 12060 STAR RD BROOKSVILLE, FL 34613 \_\_ BROOKSVILLE, FL 34613 01062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-2474743 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, JONATHAN D., ESQ. DO NOT WRITE 3295-B COMMERCIAL WAY SPRING HILL, FL 33526 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, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HULME, CHARLES DAVID NAME STREET ADDRESS 12060 STAR RD CITY -ST - ZIP BROOKSVILLE, FL 34613, VST TITLE U00000180545 HULME, REBECCA JO MAME 01/14/05-80010-002 150.00 STREET ADDRESS 12060 STAR RD CITY-ST-ZIP BROOKSVILLE, FL 34613, TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

SIGNATURE AND TYPESOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Those II.