

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90068 010 ***150.00

DOCUMENT # J35277

1. Entity Name
HONC CONSTRUCTION, INC.



Principal Place of Business
**1130 PONDELLA RD.
N. FT. MYERS, FL 33903 US**

Mailing Address
**1130 PONDELLA RD.
N. FT. MYERS, FL 33903 US**

20017291



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2744439

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HONC, VINCENT E
1246 SW 4TH AVE
CAPE CORAL, FL 33991**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HONC, JOHN SR	
STREET ADDRESS	P.O. BOX 265	
CITY-ST-ZIP	BOKEELIA, FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HONC, VINCENT	
STREET ADDRESS	1246 SW 4TH AVE	
CITY-ST-ZIP	CAPE CORAL, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HONC, KENNETH	
STREET ADDRESS	7014 HOWARD RD	
CITY-ST-ZIP	BOKEELIA, FL 33922	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KENDALL, KEITH	
STREET ADDRESS	1751 LAKESIDE AVENUE	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Vincent E Honc
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05
Date

(239) 458-3335
Daytime Phone #