

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L35947

1. Entity Name
HCS II CONSTRUCTION, INC.



Principal Place of Business
8549 S LAKESHORE PT
FLORAL CITY, FL 34436 US

Mailing Address
P.O. BOX 702
FLORAL CITY, FL 34436 US



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2988119

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEVENSON, GAYLE
8559 S. LAKESHORE POINT
FLORAL CITY, FL 32636

**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 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

U000000355261
05/03/05-80140-013 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME STEVENSON, HARMON, JR.
STREET ADDRESS 8559 S. LAKESHORE PT.
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE D
NAME STEVENSON, GAYLE
STREET ADDRESS 8559 S. LAKESHORE PT.
CITY-ST-ZIP FLORAL CITY, FL 34436

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CITY-ST-ZIP

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IN THIS SPACE**

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:

Harmon Stevenson Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 352-726-2588
Date Daytime Phone #

Harmon Stevenson Jr