

**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      Mailing Address  
 8549 S LAKESHORE PT      P.O. BOX 702  
 FLORAL CITY, FL 34436 US      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 \_\_\_\_\_ (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

U00000355261  
 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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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)(f), 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*      Date: 4/29/05      Daytime Phone #: 352-726-2588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*Harmon Stevenson Jr*