
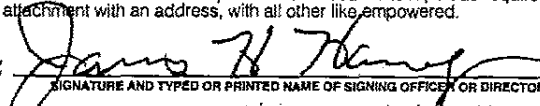


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M95347</b>		
1. Entity Name H & R CONTRACTING, INC.		
Principal Place of Business 7115 COVE PLACE TAMPA, FL 33617		Mailing Address 513 EAST BRENTRIDGE BRANDON, FL 33511
<b>DO NOT WRITE IN THIS SPACE</b>		
		03022004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-2934254		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
GUFFEY, LISA 513 EAST BRENTRIDGE DRIVE BRANDON, FL 33511		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	GUFFEY, LISA	
STREET ADDRESS	513 EAST BRENTRIDGE DRIVE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	VP	
NAME	HANEY, JAMES H	
STREET ADDRESS	7115 COVE PLACE	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	ST	
NAME	HANEY, MARY A	
STREET ADDRESS	7115 COVE PLACE	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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: 		18 MAR. 04 989-1804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #