2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000038213

1. Entity Name

HANCOCK CONSTRUCTION, INC.



FILED Jan 31, 2008 08:00 AN Secretary of State

Principal Place of Business

9 JUNIPER PASS TRACK OCALA, FL 34480 Mailing Address

9 JUNIPER PASS TRACK OCALA, FL 34480



DO NOT WRITE IN THIS SPACE

01272008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3641802 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANCOCK, CECIL J 9 JUNIPER PASS TRACK OCALA, FL 34480

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.										
SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE										
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	CTORS			*					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HANCOCK, CECIL J 9 JUNIPER PASS TRACK OCALA, FL 34480									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HANCOCK, WESLEY M 9 JUNIPER PASS TRACK OCALA, FL 34480			U00000808558 02/07/08-80053-025 150.00						
NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		_	DO	NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE					
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 exemptions contained in Chapter 119, 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:	COLL HOMBONIA BIGNATURE AND TYPED OR PRINTED NAME	CECIL HAUCOCK OF SIGNING OFFICER OF DIRECTOR	1-17-09 Dute	351-245-7 Daytime Phone 9	195
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