

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000104177

1. Entity Name
H B. INTERIOR CONTRACTORS, INC.



Principal Place of Business
100 S. JACKSON AVE.
JACKSONVILLE, FL 32220

Mailing Address
100 S. JACKSON AVE.
JACKSONVILLE, FL 32220



DO NOT WRITE IN THIS SPACE

02112604 No Chg-P CR2E034 (10/03)

4. FE Number
59-3680034

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOUGH, FRED C
100 S. JACKSON AVE
JACKSONVILLE, FL 32220

**DO NOT WRITE
IN THIS SPACE**

4. 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 into 5 supplied)

NOTE: Registered Agent's signature required when a change is made

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

3. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
HOUGH, FRED C
100 S. JACKSON AVE
JACKSONVILLE, FL 32220

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
BRINSON, RICHARD E SR
10679 BURNSED CRAWFORD RD
GLEN SAINT MARY, FL 32040

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
BRINSON, BRENDA M
10679 BURNSED CROW RD.
JACKSONVILLE, FL 32040

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)(b), 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 the empowered.

SIGNATURE: *Richard E. Brinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-04

9046954232

RICHARD E. BRINSON