

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -3 AM 8:00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
* Zip		Country		Zip	
4. FEI Number 59-3680034				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOUGH, FRED C 100 S. JACKSON AVE. JACKSONVILLE, FL 32220			Name Brinson, Richard E. Sr. Street Address (P.O. Box Number is Not Acceptable) 100 S. Jackson Ave. City Jacksonville FL Zip Code 32220		
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 <i>Richard E. Brinson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 5-24-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOUGH, FRED C 100 S. JACKSON AVE JACKSONVILLE, FL 32220	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100037860751 06/11/04--01009--001 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRINSON, RICHARD E SR 10879 BURNSED CRAWFORD RD GLEN SAINT MARY, FL 32040	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Brinson, Richard E. Sr. 10879 Burnsed Crawford Road Glen St. Mary, FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRINSON, BRENDA M 10879 BURNSED CROW RD. JAXSONVILLE, FL 32040	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Richard E. Brinson</i> RICHARD E. BRINSON SR 5-24-04 904 6954232 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					