2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 27, 2005 08:00 AM **DGCCMENT # P00000104177** Secretary of State H.B. INTERIOR CONTRACTORS, INC. Principal Place of Business Mailing Address 100 S. JACKSON AVE. 100 S. JACKSON AVE. JACKSONVILLE, FL 32220 JACKSONVILLE, FL 32220 01232005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3680034 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BRINSON, SR, RICHARD E DO NOT WRITE 100 S JACKSON AVE JACKSONVILLE, FL 32220 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. Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS साह BRINSON, SR, RICHARD E NAME 10879 BURNSED CRAWFORD ROAD STREET ADDRESS GLEN ST MARY, FL 32040 CITY ST-7P U00000198755 01/27/05-80065-008 150.00 TILE NAME STREET ADDRESS CITY-ST-ZIP TETLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 ceth; 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.

Remud E. Brinson SR.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-05

904 695423

Daytime Phone #

FILED