

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036607

FILED
Apr 30, 2007
Secretary of State

Entity Name: CONSTRUCTION UNLIMITED OF HOBE SOUND, INC.

Current Principal Place of Business:

P.O. BOX 371
HOBE SOUND, FL 33475

New Principal Place of Business:

8590 S.E. WILKES PLACE
HOBE SOUND, FL 33475

Current Mailing Address:

8590 S.E. WILKES PLACE
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 65-1083465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKER, ROBERT D
8590 S.E. WILKES PLACE
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BARKER, ROBERT D
Address: 8590 SE WILKES PL
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: BARKER, JACK
Address: 708 BALDWIN AVE.
City-St-Zip: NILES, OH 44446

Title: VP () Delete
Name: BRETT, GREENWALD
Address: 8495 S.E. MANGROVE ST
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: BARKER, JASON
Address: 8552 SE DRIFTWOOD
City-St-Zip: HOBE SOUND, FL 33455

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: TRUJILLO, NORBERTO
Address: 11500 SW KANNER HWY. LOT 225
City-St-Zip: INDIANTOWN, FL 34956

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT D BARKER

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date