

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000039616

1. Entity Name
HASELDEN BUILDERS, INC.



Principal Place of Business

520 HOPSON ROAD
MONTICELLO, FL 32344 US

Mailing Address

520 HOPSON ROAD
MONTICELLO, FL 32344 US

FILED

04 JAN 26 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01242004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3718604

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HASELDEN, JEFFREY S
520 HOPSON ROAD
MONTICELLO, FL 32344

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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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME HASELDEN, JEFFREY S
STREET ADDRESS 520 HOPSON ROAD
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE VTS
NAME HASELDEN, TAMELA D
STREET ADDRESS 520 HOPSON ROAD
CITY-ST-ZIP MONTICELLO, FL 32344

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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:

Tamela D. Haselden, V.P., Sec. Treas 1/24/04 850-997-6370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #