

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90309 010 \*\*\*150.00

DOCUMENT # P01000040532

1. Entity Name

HASICK CONSTRUCTION GROUP, INC.



Principal Place of Business

720-59TH ST S  
GULFPORT FL 33707

Mailing Address

720-59TH ST S  
GULFPORT FL 33707

00042708

2. Principal Place of Business

5143 B 27 AVE S  
Suite, Apt. #, etc.

3. Mailing Address

5143 B 27 AVE. S.  
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

GULFPORT, FL.

City & State

GULFPORT, FL.

4. FEI Number

59-3716456

Applied For

Not Applicable

Zip

33707

Country

U.S.A.

Zip

33707

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERT J. HASICK  
720-59TH ST. S  
SAINT PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name ROBERT HASICK

Street Address (P.O. Box Number is Not Acceptable)

5143 B 27 AVE. S.

City GULFPORT, FL.

FL

Zip Code 33707

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

ROBERT HASICK 4-4-05

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME HASICK, ROBERT J  
STREET ADDRESS 720-59TH ST S  
CITY-ST-ZIP GULFPORT FL 33707

TITLE DST ☐ Delete  
NAME HASICK, BEVERLY J  
STREET ADDRESS 720-59TH ST S  
CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME HASICK ROBERT J.  
STREET ADDRESS 5143 B 27 AVE. S.  
CITY-ST-ZIP GULFPORT, FL. 33707

TITLE ☒ Change ☐ Addition  
NAME HASICK BEVERLY J.  
STREET ADDRESS 5143 B 27 AVE. S.  
CITY-ST-ZIP GULFPORT, FL. 33707

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

ROBERT J. HASICK Robert J. Hasick 4-4-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #