

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90044 002 ***150.00

DOCUMENT # P02000004724	
1. Entity Name CHR CONSTRUCTION, INC.	

Principal Place of Business 315 B WEST PARKER AVE BUSHNELL, FL 33513	Mailing Address P. O. BOX 92 BUSHNELL, FL 33513
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2. Principal Place of Business - (No P.O. Box) 128 Bushnell Plaza	3. Mailing Address 128 Bushnell Plaza
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bushnell FL	City & State Bushnell FL
Zip 33513	Country Sumter

02262007 Chg-P CR2E034 (12/06)

4. FEI Number 01-0582079	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOFFITT, JAMES 315 B WEST PARKER AVE BUSHNELL, FL 33513	
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7. Name and Address of New Registered Agent	
(Name)	
(Street Address (P.O. Box Number is Not Acceptable))	
(City)	FL Zip Code

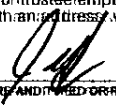
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(Signature typed or printed name of registered agent and identification code) (NOTE: Registered Agent Signature required when reappointing)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust/Fund/Contribution ☐	\$5.00 May Be Added to Fees
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110. OFFICERS AND DIRECTORS		111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 110	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD MOFFITT, JAMES 315-B W PARKER AVE BUSHNELL, FL 33513 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD moffitt, James 107 E central AVE Bushnell, FL 33513 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

112. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1119, 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 110 or Block 111 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE		2-27-07	352-793-4919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #