2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005
Secretary of State

DOCUMENT# P02000039709

Entity Name: H H & A CONSTRUCTION, INC.

Current Principal Place of Business:

645 MAYPORT ROAD STE 3A
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

645 MAYPORT ROAD STE 3A
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 02-0592301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WHITEFIELD, B. THOMAS
4040 WOODCOCK DRIVE STE 202
JACKSONVILLE, FL 32207 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: D ( ) Delete
Name: ALLIGOOD, BOB PRES
Address: 645 MAYPORT ROAD STE 3A
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D ( ) Delete
Name: HINSON, RAYMOND B VP/SEC
Address: 258 CAMELIA STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D ( ) Delete
Name: BOUCHARD, JUSTIN VP OP
Address: 12621 REMLER DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32223

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ALLIGOOD, BOB CHAIRMA
Address: 645 MAYPORT ROAD STE 3A
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D (X) Change ( ) Addition
Name: HINSON, RAYMOND B PRES/SE
Address: 258 CAMELIA STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

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

Title: D ( ) Change (X) Addition
Name: LUNSFORD, THOMAS E VP CONS
Address: 880 SEMINOLA BOULEVARD
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BOB ALLIGOOD CHAI 03/08/2005
Electronic Signature of Signing Officer or Director Date