


**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-07-2003 90136 033 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000075569</b>					
1. Entity Name <b>JAMES HARTSON CONSTRUCTION, INC.</b>					
Principal Place of Business 36436 BRISTOL CIRCLE GRAND ISLAND, FL 32735		Mailing Address 36436 BRISTOL CIRCLE GRAND ISLAND, FL 32735		55051721	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 593694045	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARTSON, JAMES 36436 BRISTOL CIRCLE GRAND ISLAND, FL 32735				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEES \$160.00 <small>After May 1, 2003 Fee will be \$550.00    Make Check Payable to Florida Department of State</small>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARTSON, JAMES 36436 BRISTOL CIRCLE GRAND ISLAND, FL 32735	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 507, 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 <i>James Hartson</i>			Date <i>6-30-03</i> Office Phone # <i>352-357 8806</i>		

CR2E034 (10/02)

Attachment 5505721

DO2000075569

**TRANSMITTAL LETTER**

Corp. Annual Reports & Reinstatements  
Division of Corporations  
P O BOX 6327  
Tallahassee, FL 32314

**SUBJECT: JAMES HARTSON CONSTRUCTION, INC**

Dear Sir or Madam:

Please find enclosed for filing the current year Uniform Business Report. Enclosed is a check in the amount of \$ 150.00 made payable to: Florida Department of State for the filing fee. The original form was never mailed or received. Please do not charge a late filing fee.

Please return to: **JAMES HARTSON CONSTRUCTION, INC**  
**36436 BRISTOL CIRCLE**  
**GRAND ISLAND, FL 32735**