


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90082 006 \*\*\*150.00

**DOCUMENT # P02000093459**  
 1. Entity Name  
**HESSBURG & CARLSON BUILDERS, INC.**



Principal Place of Business  
**548 S HIGHWAY 27 STE C  
 CLERMONT, FL 34711**

Mailing Address  
**548 S HIGHWAY 27 STE C  
 CLERMONT, FL 34711**

2. Principal Place of Business  
**548 US Hwy 27**  
 Suite, Apt. #, etc.  
**SUITE C**

3. Mailing Address  
**548 US Hwy 27**  
 Suite, Apt. #, etc.  
**SUITE C**

City & State  
**MINNEOLA, FL**

City & State  
**MINNEOLA, FL**

Zip Country  
**34715 US**

Zip Country  
**34715 US**



03072005 Chg-P CR2E034 (10/03)

4. FEI Number  
**75-3079809**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HESSBURG, DANIEL J  
 548 S HIGHWAY 27 STE C  
 CLERMONT, FL 34711  
 MINNEOLA, FL 34715**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	HESSBURG, DANIEL J	
STREET ADDRESS	548 S HIGHWAY 27 STE C	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLSON, RONALD	
STREET ADDRESS	15824 LOST LAKE RD	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>MINNEOLA, FL 34715</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Daniel J. Hessburg 4/08/05 352) 394-1894  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #