

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 14, 2008 08:00 AM  
Secretary of State

DOCUMENT # P03000021603

1. Entity Name  
HEAD CONSTRUCTION CORP.



Principal Place of Business  
3701 FAU BLVD SUITE 205  
BOCA RATON, FL 33431

Mailing Address  
3701 FAU BLVD SUITE 205  
BOCA RATON, FL 33431



01222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 27-0049734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

HEAD, THOMAS S  
3701 FAU BLVD SUITE 205  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

000000827064  
02/21/08-80075-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEAD, THOMAS A
STREET ADDRESS	3701 FAU BLVD. SUITE 205
CITY-ST-ZIP	BOCA RATON, FL 33431

TITLE	D
NAME	HEAD, THOMAS S
STREET ADDRESS	3701 FAU BLVD. SUITE 205
CITY-ST-ZIP	BOCA RATON, FL 33431

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/08 561-347-6915

Date

Daytime Phone #