Daytene Phone #

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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DOCUMENT # P03000084524 1. Entity Name								FILED				
HOHNADELL CONSTRUCTION, INC.								05 MAY 11 AM 9: 52				
Principal Plac	e of Busines	s	Mailir	ig Address		•		SÉUR _C	LARY OF	STATE		
P.O. BOX 6669				P.O. BOX 6669				TALLA	TARY OF TASSEE, F		A	
DESTIN FL 32550				DESTIN FL 32550								
2. Principal Place of Business			3. Mai	3. Mailing Address								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			15	st MOORE	CR2E034 (1	10/04)		
City & State			City	City & State			4. FEI Numb	^{per} 20-012853		No	plied For t Applicable	
Zip	Country		Zip			itry	5. Certificate	e of Status Desired		3.75 Add e Require		
	6. Name	and Address of	Current Registere	ed Agent			7. Name and	d Address of New I	Registered Age	ent		
KILPATRICK, WILLIAM G JR.							- P.O. Boy Numb	or is Not Assentable	0)			
	4 EGLIN ALIMAR F					Sileet Addre	ess (P.O. Box Number is Not Acceptable)					
				ı		City	FL Zip Coc			Zip Code	÷	
8. The above named entity submits this patement 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 egistered agents												
SIGNATURE Synhor, typed or printed rather of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00												
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								9. Election Camp Trust Fund Co			OO May Be d to Fees	
10. OFFICERS AND			RS AND DIRECTO	DIRECTORS 11.			ADDITIONS	I CHANGES TO OFF	FICERS AND DI	RECTORS	S IN 11	
TITLE .	MGR			☐ Delete		E				Change	Addition	
NAME	L	LL, GALE R			NAM	į.						
STREET ADDRESS	P O BOX 1					ET ADDRESS						
CITY-ST-ZIP	DESTIN FL	. 32540			_	-ST-ZIP						
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CITY-ST-ZIP						-ST-ZIP			Jel &	3/18		
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NAME					NAM	E			, –	- •	_	
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CITY-ST-ZIP	<u> </u>				_	-ST-ZIP						
TITLE NAME				☐ Delete	TITLI NAM					Change	☐ Addition	
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CITY-ST-ZIP					CITY	-ST-ZIP	05/20	/0501003-	-011 **	750.00)	
TITLE				☐ Delete	TITE	E				Change	Addition	
NAME					NAM	E						
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CITY-ST-ZIP	ļ.			Поль		-ST-ZIP				7.05	(Addition	
TITLE *NAME				Delete	TITLI				L] Change	Addition	
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
12. I hereby	certify that the	e information supp	olied with this filing	does not qualify fo	the exe	mption stated in	n Section 119.07(3)	(i), Florida Statutes.	I further certify	that the in	formation	
indicated on this report or supplemental poort 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.												
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