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Secretary of State

04-26-2005 90132 045 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000104199

1. Entity Name
ACCURATE RELIABLE CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
6507 SE 174TH PLACE SUMMERFIELD, FL 34491	6507 SE 174TH PLACE SUMMERFIELD, FL 34491

DO NOT WRITE IN THIS SPACE

03022005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0253556 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUBBARD, MICHAEL
6507 SE 174TH PLACE
SUMMERFIELD, FL 34491

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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] 5-23-04
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, 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	PD
NAME	HUBBARD, MICHAEL
STREET ADDRESS	6507 SE 174TH PLACE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	V
NAME	HUBBARD, MARK R
STREET ADDRESS	6507 SE 174TH PLACE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	AV
NAME	ARMSTRONG, DENNY L
STREET ADDRESS	2101 S. COLONIAL AVENUE
CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 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: [signature] 6-6-05 352-726-2041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #