2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 04, 2005 08:00 AM **Secretary of State** DOCUMENT # P03000115879 HOBBS CONSTRUCITON INC. Mailing Address Principal Place of Business PO BOX 1213 933 SPRINGMIER PLACE PENSACOLA, FL 32514 GONZALEZ, FL 32560 No Chg-P CR2E034 (10/03) 02172005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-2032068 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box 5. Name and Address of Current Registered Agent DO NOT WRITE HOBBS, JAMES 933 SPRINGMIER PLACE PENSACOLA, FL 32514 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 Repietered Apent signature regulated when reinstating) 9. Election Campaign Financing 03/04/05-80062-025 150.00 \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PD HOBBS, JAMES NAME 933 SPRINGMIER PLACE STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32514 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP IN THIS SPACE 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 9 noowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP

> PED OR PRINTED NAME OF NG DFFICER OR DIRECTOR

FILED