

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90101 041 ***150.00

DOCUMENT # P03000135689

1. Entity Name
JAMES HAMBEY CONSTRUCTION SERVICES INC.



Principal Place of Business
**477 N. CENTRAL AVE.
OVIEDO, FL 32765**

Mailing Address
**477 N. CENTRAL AVE.
OVIEDO, FL 32765**

00040300



2. Principal Place of Business
550 East 5th Street
Suite, Apt. #, etc.

3. Mailing Address
550 East 5th Street
Suite, Apt. #, etc.

04282005 Chg-P CR2E034 (10/03)

City & State
Chuluota, FL
Zip
32766 Country
Seminole

City & State
Chuluota, FL
Zip
32766 Country
Seminole

4. FEI Number
55-0851517 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HAMBEY, JAMES
477 N. CENTRAL AVE.
OVIEDO, FL 32765**

7. Name and Address of New Registered Agent

Name
James Hambey
Street Address (P.O. Box Number is Not Acceptable)
550 East 5th Street
City
Chuluota FL Zip Code
32766

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]*

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 NAME STREET ADDRESS CITY-ST-ZIP	D HAMBEY, JAMES 477 N. CENTRAL AVE. OVIEDO, FL 32765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP Hambey, James 550 East 5th Street Chuluota, FL 32766 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #