


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 25, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P03000141833</b> 1. Entity Name D. H. T. CONSTRUCTION INC.	
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Principal Place of Business 104 COBLE CT LONGWOOD, FL 32779	Mailing Address 104 COBLE CT LONGWOOD, FL 32779
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<b>DO NOT WRITE IN THIS SPACE</b>
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02182005 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0528946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GABLE, TIMOTHY C 104 COBLE CT LONGWOOD, FL 32779
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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: *Dana B Gable* 4-20-05  
(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 GABLE, TIMOTHY C 104 COBLE CT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABLE, DANA B 104 COBLE CT LONGWOOD, FL 32779
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04/25/05-80149-004 150.00

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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)(f), 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: *Dana B Gable* 4-20-05 321-436-7415  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #