

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000142175

1. Entity Name
HESTER CONSTRUCTION, INC.



Principal Place of Business
**153 S SQUIRREL AVE
WEWAHITCHKA, FL 32465**

Mailing Address
**P O BOX 1223
PORT ST JOE, FL 32457**

DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number
68-0573007

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HESTER, HENRY E
153 S SQUIRREL AVE
WEWAHITCHKA, FL 32465**

**DO NOT WRITE
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: 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	P
NAME	HESTER, HENRY E
STREET ADDRESS	P O BOX 1223
CITY - ST - ZIP	PORT ST JOE, FL 32457
TITLE	V
NAME	HESTER, LELIA
STREET ADDRESS	P O BOX 1223
CITY - ST - ZIP	PORT ST JOE, FL 32457
TITLE	S
NAME	MOORE, JOHN
STREET ADDRESS	112 MONICA DR
CITY - ST - ZIP	PORT ST JOE, FL 32456
TITLE	T
NAME	SMITH, JASON
STREET ADDRESS	P. O. BOX 1223
CITY - ST - ZIP	WEWAHITCHKA, FL 32457
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/10/05-80003-018 150.00

**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:

Henry Hester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-05
Date

850-227-5799
Daytime Phone #