



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90052 040 ***150.00

DOCUMENT # P03000145057 1. Entity Name HANGIN TOUGH CONSTRUCTION INC.					
Principal Place of Business 102 CANAL WAY NE LAKE PLACID, FL 33852			Mailing Address 102 CANAL WAY NE LAKE PLACID, FL 33852		
2. Principal Place of Business - No P.O. Box # 583 Coolidge Ave NE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 583 Coolidge Ave NE <small>Suite, Apt. #, etc.</small>			
City & State Lake Placid FL		City & State Lake Placid FL		4. FEI Number 20-0464231	
Zip 33852		Country 33852		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLEY FINANCIAL SERVICES INC. 209 US 27 S LAKE PLACID, FL 33852				7. Name and Address of New Registered Agent Name Howard Smiling Street Address (P.O. Box Number is Not Acceptable) 583 Coolidge Ave NE City Lake Placid FL Zip Code 33852	
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  Howard Smiling 4-8-08 <small>Signature, typed or printed name of registered agent, whichever is applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SMILING, HOWARD E <input type="checkbox"/> Delete 102 CANAL WAY NE 583 Coolidge Ave NE LAKE PLACID, FL 33852		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMILING, CYNTHIA M <input type="checkbox"/> Delete 102 CANAL WAY NE 583 Coolidge Ave NE LAKE PLACID, FL 33852		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Howard Smiling <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-8-08 863-465-2965 <small>Date Daytime Phone #</small>		