2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State
04-06-2007 90044 031 ***150.00

DOCUMENT # P04000017432

1. Entity Name
HUBERT DAMRON CONST., INC.

Principal Place of Business	Mailing Address
3509 COUNTRY ROSE LN APOPKA, FL 32703	3509 COUNTRY ROSE LN APOPKA, FL 32703

01222007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3714 E. HIGHPOINT LN		3714 E. HIGHPOINT LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: INVERNESS, FL.		City & State: INVERNESS, FL.	
Zip: 34452	Country: USA	Zip: 34452	Country: USA

4. FEI Number: 83-0381896 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAMRON, HUBERT
3509 COUNTRY ROSE LN
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name: DAMRON, HUBERT (SAME)
Street Address (P.O. Box Number is Not Acceptable): 3714 E. HIGHPOINT LN.
City: INVERNESS FL Zip Code: 34452

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: Hubert Damron HUBERT DAMRON PRESIDENT 4-2-2007
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P DAMRON, HUBERT 3509 COUNTRY ROSE LN APOPKA, FL 32703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAMRON, HUBERT 3714 E. HIGHPOINT LN INVERNESS, FL 34452	☒ Change ADDRESS ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Hubert Damron HUBERT DAMRON 4-2-2007 352-726-9552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #