

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90028 010 \*\*\*150.00

40093391



04112006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000023335</b> 1. Entity Name <b>H &amp; L CONSTRUCTION SERVICES, INC.</b>					
Principal Place of Business <b>1855 T.W. DRIVE BAKER, FL 32531</b>			Mailing Address <b>1855 T.W. DRIVE BAKER, FL 32531</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>35-2237454</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HENDERSON, TOMMY WAYNE 1855 T.W. DRIVE BAKER, FL 32531</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HENDERSON, TOMMY WAYNE 1855 T.W. DRIVE BAKER, FL 32531	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LAWSON, KENNY 1855 T.W. DRIVE BAKER, FL 32531	<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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b> <u>Tommy Wayne Henderson</u> <span style="float: right;">5-16-06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40093391

www.sunbiz.org

## Division of Corporations

## Annual Report

[Annual Report Help](#)

Document Number

P04000023335

Business Entity Name

H &amp; L CONSTRUCTION SERVICES, INC.

FEI Number

352237454

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

## Principal Place of Business

Address

1855 T.W. DRIVE

Suite, Apt. #, etc

City, State

BAKER

FL

Zip Code &amp; Country

32531

## Mailing Address

Address

1855 T.W. DRIVE

Suite, Apt. #, etc

City, State

BAKER

FL

Zip Code &amp; Country

32531

## Name and Address of Registered Agent

Name (Last, First, Middle, Title)

HENDERSON

TOMMY WAYNE

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

1855 T.W. DRIVE

Suite, Apt. #, etc

City, State

BAKER

FL

Zip Code &amp; Country

32531

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

#P04000023335

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s 831.06, Florida Statutes

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment

Title

PT

Name (Last, First, Middle, Title)

HENDERSON

TOMMY WAYNE

**- OR -**Entity Name to serve as  
Officer/Director

Street Address

1855 T.W. DRIVE

City, State

BAKER

FL

Zip Code &amp; Country

32531

Title

VS

Name (Last, First, Middle, Title)

LAWSON

KENNY

**- OR -**Entity Name to serve as  
Officer/Director

Street Address

1855 T.W. DRIVE

City, State

BAKER

FL

Zip Code &amp; Country

32531

Title

Name (Last, First, Middle, Title)

**- OR -**Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

#P04000023335

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block

Title

Officer/Director Signature

PT

Tommy Henderson

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s 831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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