

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90064 049 ***150.00

DOCUMENT # P04000068433

1. Entity Name
ALCONES BUILDERS INC **CHANGE TO**
HALCONES BUILDERS INC



Principal Place of Business
524 DESOTO CIRCLE
EGLIN AFB, FL 32542

Mailing Address
P O BOX 610
SHALIMAR, FL 32579

50014652



2. Principal Place of Business
983 CLAEVEN CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
983 CLAEVEN CIRCLE
Suite, Apt. #, etc.

02012005 Chg-P CR2E034 (10/03)

City & State
FORT WALTON BEACH, FL

City & State
FORT WALTON BEACH, FL

Zip
32547 Country
US

Zip
32547 Country
US

4. FEI Number
20-0979149

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PANTING, IVONE
524 DESOTO CIRCLE
EGLIN AFB, FL 32542

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
983 CLAEVEN CIRCLE
City
FORT WALTON BEACH FL Zip Code
32547

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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PANTING, IVONE 524 DESOTO CIRCLE EGLIN AFB, FL 32542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 983 CLAEVEN CIRCLE FORT WALTON BEACH FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DIAZ, JOSE RENE 1905 LIA HILL NORCROSS, GA 30071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *[Signature]* **02-01-05** **800-259-1459**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #