
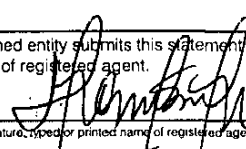
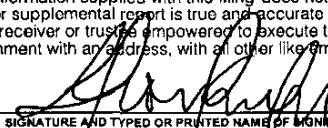


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90284 001 ***150.00

DOCUMENT # P04000068433 1. Entity Name HALCONES BUILDERS, INC			
Principal Place of Business 983 CLAEVE CIRCLE FORT WALTON BEACH, FL 32547		Mailing Address 983 CLAEVE CIRCLE FORT WALTON BEACH, FL 32547	
2. Principal Place of Business 37 Creek Ct. Suite, Apt. #, etc.		3. Mailing Address 37 Creek Ct. Suite, Apt. #, etc.	
City & State Santa Rosa Beach FL		City & State Santa Rosa Beach FL	
Zip 32459		Zip 32459	
Country Walton		Country Walton	
4. FEI Number 20-0979149		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PANTING, IVONE 983 CLAVE CIRCLE FORT WALTON BEACH, FL 32547		7. Name and Address of New Registered Agent Name Ivone P. Smith Street Address (P.O. Box Number is Not Acceptable) 37 Creek Ct. SA City Santa Rosa Beach FL Zip Code 32459	
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, 2006 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 P NAME PANTING, IVONE <input type="checkbox"/> Delete STREET ADDRESS 983 CLAVE CIRCLE CITY-ST-ZIP FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Panting, Ivone STREET ADDRESS 37 Creek Ct. SA CITY-ST-ZIP Santa Rosa Beach FL 32459	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	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 <input type="checkbox"/> Change <input type="checkbox"/> Addition	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 <input type="checkbox"/> Change <input type="checkbox"/> Addition	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 an other like empowered.			
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____	