

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**


FILED
Mar 11, 2005 8:00 am
Secretary of State

02-02-2005 90063 023 ***158.75

66004305



1st MOORE CR2E034 -(10/04)

DOCUMENT # P04000113169					
1. Entity Name HIGH SPRINGS CONSTRUCTION COMPANY, INC.					
Principal Place of Business 254 SE HOPPER GRASS GLEN HIGH SPRINGS FL 32643 US			Mailing Address 254 SE HOPPER GRASS GLEN HIGH SPRINGS FL 32643 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent DAVIS, DONALD R 254 SE HOPPER GRASS GLEN HIGH SPRINGS FL 32643				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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: <i>Donald R Davis</i>				DATE: <i>1/31/05</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005, Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DONALD R		NAME		
STREET ADDRESS	254 SE HOPPER GRASS GLEN		STREET ADDRESS		
CITY - ST - ZIP	HIGH SPRINGS FL 32643		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, VIOLET		NAME		
STREET ADDRESS	254 SE HOPPER GRASS GLEN		STREET ADDRESS		
CITY - ST - ZIP	HIGH SPRINGS FL 32643		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph W DAVIS II		NAME		
STREET ADDRESS	254 SE Hoppergrass Gln		STREET ADDRESS		
CITY - ST - ZIP	High Springs, FL 32643		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Violet Davis</i>				DATE: <i>1/26/05</i> 386-454-1407	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	