


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

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90412 043 ***150.00

DOCUMENT # <u>P04000115664</u>	
1. Entity Name <u>HOUSE DOCTORS CONSTRUCTION INC.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>HOUSE DOCTORS</u>	3. Mailing Address <u>HOUSE DOCTORS</u>
Suite, Apt. #, etc. <u>5782 SAWYER AVE</u>	Suite, Apt. #, etc. <u>5782 SAWYER AVE</u>
City & State <u>JACKSONVILLE, FLA.</u>	City & State <u>JACKSONVILLE, FLA</u>
Zip <u>32208</u>	Country <u>DUVAL</u>

40076332

CR2E034B (8/05)

4. FEI Number <u>45-0539525</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>JAMES HOSKINS JR</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>5782 SAWYER AVE.</u>	
City <u>JACKSONVILLE,</u>	Zip Code <u>FL 32208</u>

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 _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>JAMES HOSKINS JR</u> <u>JACKSONVILLE, FLA. 32208</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>M</u> <u>WARDLE L. BELVIN</u> <u>611 WEST 46th ST.</u> <u>JACKSONVILLE - FLA 32208</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: <u>JAMES HOSKINS JR</u>	<u>JAMES HOSKINS JR</u>	<u>04/29/06</u>	<u>(904) 716-1649</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #