FILED
Jun 02, 2005 8:00 am
Secretary of State
05-02-2005 90500 026 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000150702

1. Entity Name
HERNANDEZ CONTRACTING, INC.

66020642

04152005 Chg-P CR2E034 (10/03)

Principal Place of Business
~~4206 NATIONAL GUARD DR., STE. 3~~
~~PLANT CITY, FL 33567~~

Mailing Address
~~4206 NATIONAL GUARD DR., STE. 3~~
~~PLANT CITY, FL 33567~~

918 E. Busch Blvd TPA 33612

2. Principal Place of Business	3. Mailing Address
918 E. BUSCH BLVD.	918 E. BUSCH BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33612 Country:	Zip: 33612 Country:

4. FEI Number: 65-1234761 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MYERS & WRIGHT, P.A.	Name
1104 E. BAKER ST.	Street Address (P.O. Box Number is Not Acceptable)
PLAN CITY, FL 33563	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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PV HERNANDEZ, PEDRO M 4206 NATIONAL GUARD DR., STE. 3 PLANT CITY, FL 33567 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HERNANDEZ, KRISTEN B 4206 NATIONAL GUARD DR., STE. 3 PLANT CITY, FL 33567 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pedro Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #