

**2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**


**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90223 022 \*\*\*150.00

66013000



1st MOORE CR2E034 (10/05)

<b>DOCUMENT # P05000047032</b>					
1. Entity Name <b>J R HITE CONTRACTING, INC</b>					
Principal Place of Business <b>23540 OAKS BLVD LAND O LAKES, FL 34639</b>			Mailing Address <b>23540 OAKS BLVD LAND O LAKES, FL 34639</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>76-0784990</b>	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BULLARD, FRANKLIN T 5324 LAND O LAKES BLVD PO BOX-1066 LAND O LAKES FL 34639</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)					
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HITE, JAMES R</b>		NAME		
STREET ADDRESS	<b>23540 OAKS BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAND O LAKES FL 34639</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HITE, JAMES R</b>		NAME		
STREET ADDRESS	<b>23540 OAKS BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAND O LAKES FL 34639</b>		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
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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 exemptions contained in Section 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 all other like empowered.					
SIGNATURE: <u>James R Hite</u>			Date: <u>4/23/06</u>		Daytime Phone #: <u>813-973-7495</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					