


**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

**QUUJUN**



<b>DOCUMENT # P05000157223</b>				<b>Secretary of State</b> 04-17-2006 90357 006 ***150.00	
1. Entity Name <b>HORRAS &amp; JULIAN CONSTRUCTION CORPORATION</b>					
Principal Place of Business 2745 21ST STREET SARASOTA, FL 34234 US		Mailing Address 2745 21ST STREET SARASOTA, FL 34234 US			
2. Principal Place of Business 2745 21st St.		3. Mailing Address 2745 - 21st St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEL Number 65-0836539	
Zip 34234		Country SARASOTA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHEFFIELD, HORRAS 2745 21ST STREET SARASOTA, FL 34234		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PVTD SHEFFIELD, HORRAS 2745 21ST STREET SARASOTA, FL 34234	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEFFIELD, WILLIE 2745 21ST STREET SARASOTA, FL 34234	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORELAND, JULIAN 1723 MLK BV SARASOTA, FL 34234	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 all other like empowered.					
SIGNATURE: _____ 4/11/06 941-366-4					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					