## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P06000140672**

1. Entity Name

HERNANDEZ G. CONSTRUCTION INCORPORATED



FILED May 12, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

326 MATADOR TRAIL

PENSACOLA, FL 32506 US

326 MATADOR TRAIL PENSACOLA, FL 32506

US



TON OC	WRITE	IN THIS	SPACE

04252008 No Chg-P CR2E034 (11/05)

4. FEI Númber 20-5811025

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ-BLANCO, GABRIEL 326 MATADOR TRAIL PENSACOLA, FL 32506

## DO NOT WRITE IN THIS SPACE

					•	
	named entity submits this statement for the priions of registered agent.	urpose of changing its req	gistered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar	with, and accep
SIGNATURE.			,			
	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Re	egistered Agent signature	required when reinstating)	DATE	
FiLE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees		000000350763 06/04/08-80005-010	150.00	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ-BLANCO, GABRIEL 326 MATADOR TRAIL PENSACOLA, FL 32506				,	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·			

## DO NOT WRITE IN THIS SPACE

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:

TITLE
NAME
STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2010

Daytime Phone #