

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000025426

FILED  
Aug 04, 2012  
Secretary of State

**Entity Name:** HORMAK CONSTRUCTION INC.

**Current Principal Place of Business:**

6372 FOREST HILL BLVD  
GREENACRES, FL 33415

**New Principal Place of Business:**

1117 OAKWATER DRIVE  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

1117 OAKWATER DRIVE  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

**FEI Number:** 65-1296781      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCKAIN, HORACE  
1117 OAKWATER DRIVE  
ROYAL PALM BEACH, FL 33411      US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PDST  
**Name:** MCKAIN, HORACE  
**Address:** 1117 OAKWATER DRIVE  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411

**Title:** VM  
**Name:** MCKAIN, VERNA  
**Address:** 1117 OAKWATER DRIVE  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411

**Title:** V  
**Name:** MCKAIN, KIMEKA  
**Address:** 1117 OAKWATER DRIVE  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411

**Title:** V  
**Name:** MCKAIN, CHEVAUNE  
**Address:** 1117 OAKWATER DRIVE  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** HORACE MCKAIN

PDST

08/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date