

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P39639

1. Entity Name
HBI CONSTRUCTION MANAGEMENT, INC.



Principal Place of Business
1027 TREMONT
GALVESTON, TX 77550

Mailing Address
1027 TREMONT
GALVESTON, TX 77550



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-2119031

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KONING, RHONDA E
8301 JOLIET STREET
HUDSON, FL 34667

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

U000000341664
04/29/05-80024-016 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HOLLIDAY, SID III
6901 DRIFTWOOD
GALVESTON, TX 77550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLLIDAY, SID E JR.
7508 BEAUDELAIRE
GALVESTON, TX 77550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
JOHNSON, JUDY
4211 AVE T
GALVESTON, TX 77550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HOLLIDAY, CARODYNE
7508 BEAUDELAIRE
GALVESTON, TX 77550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRBS.

4/25/05

Date

409 762-5275

Daytime Phone #