

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 31, 2006 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**

**DO NOT WRITE IN THIS SPACE**



01242006 No Chg-P CR2E034 (11/05)

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

**CONTRACTOR BUSINESS SERVICES, INC.  
15409 U.S. HWY. 19 NORTH  
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 agree, 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

000000412856  
02/10/06-80064-014 158.75

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**E. S. Holliday Jr C.O.B. 1/24/06 49762-5275**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #