


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90008 011 ***150.00

DOCUMENT # P95000053086

1. Entity Name
HOSEA SMALL CONSTRUCTION GROUP, INC.



Principal Place of Business Mailing Address


1268 EDGEWOOD AVENUE W 1268 EDGEWOOD AVENUE W
 3 3
 JACKSONVILLE, FL 32208 US JACKSONVILLE, FL 32208 US

2. Principal Place of Business 3. Mailing Address

1268 EDGEWOOD AVE. W. *1268 EDGEWOOD AVE. W.*
 (Suite) Apt. #, etc. (Suite) Apt. #, etc.
 4 4

City & State City & State

JACKSONVILLE, FL. *JACKSONVILLE, FL.*
 Zip Country Zip Country
32208 *U.S.* *32208* *U.S.*



07082006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

59-3329734 Not Applicable

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

6. Name and Address of Current Registered Agent

SMALL, HOSEA
11546 CURACAO COURT
JACKSONVILLE, FL 32218

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMALL, HOSEA	
STREET ADDRESS	11546 CURACAO CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMALL, PHYLLIS B	
STREET ADDRESS	11546 CURACAO CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *HOSEA SMALL HOSEA SMALL* 7-10-06 (904) 766-7544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #