## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000079990

PAGE, BELINDA D

LILLIAN, AL 36549

14710 BISHOP TRACE

Name:

Address:

City-St-Zip:

Entity Name: HAUFFE CONSTRUCTION, INC

FILED May 21, 2008 Secretary of State

_many man						
Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:		
	ENE COURT EEZE, FL 325	63				
Current M	lailing Addres	ss:	New Maili	New Mailing Address:		
	ENE COURT EEZE, FL 325	63				
FEI Number:	: 59-3348189	FEI Number Applied For ( )	FEI Number Not App	icable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent	Name and	Name and Address of New Registered Agent:		
GULF BRE	ENE COURT EEZE, FL 325 named entity		ne purpose of changing i	ts registere	ed office or registered agent, or both,	
	e of Florida. 					
SIGNATUR		nic Signature of Registered			 Date	
	ce with s. 607.19	03(2)(b), F.S., the corporation di g Trust Fund Contribution().		e.		
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( HAUFFE, RANI 5453 ABILENE GULF BREEZE	COURT	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HAUFFE, JERG	FON RD APT 162	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( SNELL, JERAN 3030 NEWTON PENSACOLA,	I DR	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title:	VP (	) Delete	Title:	VP	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

PAGE, BELINDA D

5453 ABILENE CT

GULF BREEZE, FL 32563

SIGNATURE: BELINDA PAGE VP 05/21/2008