

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90016 013 \*\*\*150.00

**DOCUMENT # P96000067150**

1. Entity Name

HEMBREE BUILDERS, INC.



Principal Place of Business

45-B DUNE BREEZE LANE  
SANTA ROSA BEACH FL 32459  
US

Mailing Address

PO BOX 2572  
SANTA ROSA BEACH FL 32459  
US



2. Principal Place of Business

320 Fairway Dr.

Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State  
Santa Rosa Beach, FL

City & State

4. FEI Number

59-3395204

Applied For

Not Applicable

Zip

32459

Country

Walter Co. USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HEMBREE, MAXINE  
45-B DUNE BREEZE LANE  
SANTA ROSA BEACH FL 32459

*Change of address  
for Hembree Bldg*

7. Name and Address of New Registered Agent

Name

MAXINE Hembree

Street Address (P.O. Box Number is Not Acceptable)

320 Fairway Dr.

City Santa Rosa Beach

FL

Zip Code  
32459

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE SDT ☐ Delete  
NAME HEMBREE, MAXINE  
STREET ADDRESS 45-B DUNE BREEZE LANE  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE P ☐ Delete  
NAME HEMBREE, WADE  
STREET ADDRESS 45-B DUNE BREEZE LANE  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

Wade Hembree Pres

3/1/06 850-267-0018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #