

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 20, 2006 8:00 am
Secretary of State

07-03-2006 90002 025 ***550.00

DOCUMENT # P96000102789 1. Entity Name RAPID FIRE CONSTRUCTION, INC.																													
Principal Place of Business 9189 OLD PLANK RD. JACKSONVILLE FL 32220			Mailing Address P.O. BOX 0627 WHITEHOUSE FL 32220																										
2. Principal Place of Business 5785 Wilson Blvd JAX FL 32210 Suite, Apt. #, etc.		3. Mailing Address PO Box 627 JAX FL 32220 Suite, Apt. #, etc.																											
City & State JAX FLA Zip 32210		City & State JAX FLA Zip 32220		4. FEI Number 59-3416641																									
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)																									
6. Name and Address of Current Registered Agent HUBBARD, HAROLD C III 9189 OLD PLANK ROAD JACKSONVILLE FL 32210			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 <u>HAROLD C. Hubbard III</u> <u><i>[Signature]</i></u> <u>6/20/06</u> <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when retaining)</small>																													
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>HUBBARD, HAROLD C III</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 0627</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WHITEHOUSE FL 32220</td> <td></td> </tr> </table>			TITLE	D	Delete <input type="checkbox"/>	NAME	HUBBARD, HAROLD C III		STREET ADDRESS	P.O. BOX 0627		CITY - ST - ZIP	WHITEHOUSE FL 32220		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Kevin J Elmer</td> <td style="width: 30%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>5785 Wilson Blvd.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>JAX FL 32210</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>title O</td> <td></td> </tr> </table>			TITLE	Kevin J Elmer	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	5785 Wilson Blvd.		STREET ADDRESS	JAX FL 32210		CITY - ST - ZIP	title O	
TITLE	D	Delete <input type="checkbox"/>																											
NAME	HUBBARD, HAROLD C III																												
STREET ADDRESS	P.O. BOX 0627																												
CITY - ST - ZIP	WHITEHOUSE FL 32220																												
TITLE	Kevin J Elmer	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>																											
NAME	5785 Wilson Blvd.																												
STREET ADDRESS	JAX FL 32210																												
CITY - ST - ZIP	title O																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP									
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP									
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP									
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP									
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	Delete <input type="checkbox"/>																												
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: <u>HAROLD C. Hubbard III</u> <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>6/20/06</u> <u>(904) 334-6706</u> <small>Date Daytime Phone #</small>																										