


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90042 050 ***158.75

DOCUMENT # P98000044322 1. Entity Name HADRIAN BUILDERS, INC.					
Principal Place of Business 2400 S. HWY 27 SUITE 3107 CLERMONT, FL 34711			Mailing Address PO BOX 121224 CLERMONT, FL 34712		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1730 E. HWY 50			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 6			
City & State		City & State CLERMONT, FL			
Zip	Country	Zip 34711	Country USA		
6. Name and Address of Current Registered Agent VASTINE, GEORGE D 4030 BEACON RIDGE WAY CLERMONT, FL 34711				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4020 GREYSTONE DRIVE City CLERMONT FL Zip Code 34711	
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><i>George D. Vastine</i></u> 1-18-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VASTINE, GEORGE D 4030 BEACON RIDGE WAY CLERMONT, FL 34711 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VASTINE, GEORGE D 4020 GREYSTONE DRIVE CLERMONT, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS VASTINE, KELLY D 4030 BEACON RIDGE WAY CLERMONT, FL 34711 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS VASTINE, KELLY D 4020 GREYSTONE DRIVE CLERMONT, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>George D. Vastine</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-18-08 407-832-3054 <small>Date Daytime Phone #</small>		