

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000090192

FILED
Jan 17, 2005
Secretary of State

Entity Name: MIKE HODES CONSTRUCTION INC.

Current Principal Place of Business:

243 OCEAN DRIVE
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

PO BOX 373191
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 65-0871229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODES, MIKE P PRES.
P.O. BOX 373191
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HODES, MIKE PRES.
Address: 6285 SW 70 ST
City-St-Zip: MIAMI, FL 33143

Title: S () Delete
Name: CALDWELL, CHARLES R SEC.
Address: PO BOX 9561
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HODES, MIKE PRES.
Address: P.O. BOX 373191
City-St-Zip: KEY LARGO, FL 33037

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: MIKE P. HODES

PRES

01/17/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date