

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90018 045 ***150.00

DOCUMENT # P98000092305

1. Entity Name
HMD CONSTRUCTION CORP.



Principal Place of Business
**4922 S.W. 25TH PLACE
CAPE CORAL, FL 33914**

Mailing Address
**4922 S.W. 25TH PLACE
CAPE CORAL, FL 33914**

40092356



DO NOT WRITE IN THIS SPACE

05082006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0871917

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TREJO, MARIZELA
4922 S.W. 25TH PLACE
CAPE CORAL, FL 33914**

**DO NOT WRITE
IN THIS SPACE**

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

5/8/06

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVPS
TREJO, MARIZELA P
4922 S.W. 25TH PLACE
CAPE CORAL, FL 33914**

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IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIZELA Trejo
Date

5/8/06
Daytime Phone #