


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000036476</b>	
1. Entity Name <b>HERCULES DEMOLITION COMPANY</b>	

Principal Place of Business <b>2305 N.W. 6TH ST. FT. ALUDERDALE, FL 33311</b>	Mailing Address <b>2305 N.W. 6TH ST. FT. ALUDERDALE, FL 33311</b>
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**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0940198</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MOORE, ULYSEES 2420 N.W. 23RD LANE FT. LAUDERDALE, FL 33311</b>
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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>ULYSEES MOORE</u>	<u>[Signature]</u>	<u>4-11-07</u>
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, ULYSEES 2305 N.W. 6TH ST. FT. ALUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, ULYSEES 2305 N.W. 6TH ST. FT. ALUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOORE, GLORIA 2305 N.W. 6TH ST. FT. ALUDERDALE, FL 33311
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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>[Signature]</u>	<u>4-11-07</u>	<u>954-792-4295</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>