

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000036476**

1. Entity Name  
**HERCULES DEMOLITION COMPANY**



Principal Place of Business  
**2305 N.W. 6TH ST.  
FT. ALUDERDALE, FL 33311**

Mailing Address  
**2305 N.W. 6TH ST.  
FT. ALUDERDALE, FL 33311**



04042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0940198**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MOORE, ULYSEES  
2420 N.W. 23RD LANE  
FT. LAUDERDALE, FL 33311**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

0000000909279  
05/06/08-80065-002 150.00

**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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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:**

*Ulyses Moore*  
**Ulyses Moore**

**4-17-08**

Date

**954-327-9335**

Daytime Phone #