

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22395

FILED
Jun 29, 2005
Secretary of State

Entity Name: HAND CONSTRUCTION CO., INC.

Current Principal Place of Business:

5902 BUNCOMBE RD
SHREVEPORT, LA 71129

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 29159
SHREVEPORT, LA 71149

New Mailing Address:

FEI Number: 72-0891079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAND, M. CAYCE,
Address: 5902 BUNCOMBE ROAD
City-St-Zip: SHREVEPORT, LA

Title: ST () Delete
Name: HAND, VICKY MORELL,
Address: 5902 BUNCOMBE ROAD
City-St-Zip: SHREVEPORT, LA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: VICKY M. HAND

ST

06/29/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date