


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 807367 1. Entity Name TIDEWATER SKANSKA, INC.	
--	---

Principal Place of Business 809 S. MILITARY HWY VIRGINIA BEACH, VA 23464 US	Mailing Address P. O. BOX 57 NORFOLK, VA 23501
---	--

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 54-0406660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO EASTWOOD, D. J. 2988 ADAM KELLING ROAD VIRGINIA BEACH, VA 23454
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLAUGHLIN, E.W. 1650 STEPHENS ROAD VIRGINIA BEACH, VA 23454
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST LARKIN, J.H. 4035 TIMBER RIDGE ROAD VIRGINIA BEACH, VA 23455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPA KEELER, E.H. 905 CARDINAL DRIVE VIRGINIA BEACH, VA 23451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000179967
01/13/05-80038-018 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *CP Eastwood* Controller Date: 1/10/05 Daytime Phone #: 757-420-4140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR