

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L34208

FILED  
Feb 02, 2005  
Secretary of State

Entity Name: ACD CONSTRUCTION CORP.

## Current Principal Place of Business:

1928 CHESAPEAKE DR  
ODESSA, FL 33556 US

## New Principal Place of Business:

14433 SASSANDRA DR.  
ODESSA, FL 33556 US

## Current Mailing Address:

1928 CHESAPEAKE DR  
ODESSA, FL 33556 US

## New Mailing Address:

14433 SASSANDRA DR  
ODESSA, FL 33556 US

FEI Number: 65-0170573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEFORGE, DAVYLYN K  
1928 CHESAPEAKE DR  
ODESSA, FL 335563648 US

## Name and Address of New Registered Agent:

DEFORGE, DAVYLYN K  
14433 SASSANDRA DR  
ODESSA, FL 335563648 US

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: DAVYLYN K. DEFORGE

02/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DEFORGE, ANDREW C.,  
Address: 1928 CHESAPEAKE DR  
City-St-Zip: ODESSA, FL 33556

Title: ST ( ) Delete  
Name: DEFORGE, DAVYLYN K  
Address: 1928 CHESAPEAKE DR  
City-St-Zip: ODESSA, FL 33556

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DEFORGE, ANDREW C.,  
Address: 14433 SASSANDRA DR  
City-St-Zip: ODESSA, FL 33556

Title: ST (X) Change ( ) Addition  
Name: DEFORGE, DAVYLYN K  
Address: 14433 SASSANDRA DR  
City-St-Zip: ODESSA, FL 33556

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: DAVYLYN DEFORGE

ST

02/02/2005

Electronic Signature of Signing Officer or Director

Date