

**.2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # P04000028488**

1. Entity Name  
P & T CONSTRUCTION, INC.



Principal Place of Business  
2669 FORERST HILL BLVD  
SUITE 211  
WEST PALM BEACH, FL 33406

Mailing Address  
2669 FOREST HILL BLVD  
SUITE 211  
WEST PALM BEACH, FL 33406



04182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0754722	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

BERGHAUS, THEODORE F  
2669 FOREST HILL BLVD SUITE 211  
WEST PALM BEACH, FL 33406

**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 \_\_\_\_\_ (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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGHAUS, THEODORE F 2669 FOREST HILL BLVD SUITE 211 WEST PALM BEACH, FL 33406
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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: *[Signature]* 4/18/08 201-833-0614  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #