2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 10, 2005 8:00 am **DOCUMENT # P04000073307 Secretary of State** 1. Entity Name 05-03-2005 90160 012 ***150.00 TIDWELL CONTRACTING INC. Mailing Address Principal Place of Business 8425 UNITY DRIVE PORT RICHEY FL 34668 8425 UNITY DRIVE **PORT RICHEY FL 34668** 3. Maiting Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country Country 700 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TIDWELL, DAVID Street Address (P.O. Box Number is Not Acceptable) 8425 UNITY DRIVE PORT-RICHEY FL 34668 City Zip Code FL 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 Davia (NOTE: Registered Agent signature required when remetating) - FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE MALE Addition ☐ Delete Change TIDWELL DAVID NAME NAME 8425 UNITY DRIVE STREET ADDRESS STREET ADDRESS PORT RICHEY FL 34668 CITY-ST-72P CITY-51-70P TITLE Delete ME ☐ Change Addition TIDWELL, SARAH NAME NAME STREET ADDRESS 8425 UNITY DRIVE STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL 34668 CITY-ST-ZIP ☐ Delate TITLE HILE ST Change ☐ Addition NAME DOUGLAS, ALISON NEW STREET ADDRESS STREET ADDRESS 8425 UNITY DRIVE CITY-51-7/P CITY-ST-ZIP PORT RICHEY FL 34668 TITLE ☐ Addition шш ☐ Detete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CDY-S1-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE □ Delete TITLE T (Intinge ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS PITY. CT. 71P CHY-SI-7P 12. Thereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under earth, that I am grapificer 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 Blatch 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

FILED