


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90035 015 \*\*\*150.00

**DOCUMENT # P04000073307**  
 1. Entity Name  
**TIDWELL CONTRACTING INC.**



Principal Place of Business      Mailing Address  
**8425 UNITY DRIVE**      **8425 UNITY DRIVE**  
**PORT RICHEY FL 34668**      **PORT RICHEY FL 34668**



2. Principal Place of Business      3. Mailing Address  
**8425 Unity dr**      *Same*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State  
**Port Richey FL**      **Port Richey FL**  
 Zip      Country      Zip      Country  
**34668**      **FL**      **34668**      **FL**

4. FEI Number      Applied For  
**75-3155206**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**TIDWELL, DAVID**  
**8425 UNITY DRIVE**  
**PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: **FL**      Zip Code: \_\_\_\_\_

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 *David Tidwell*      **David Tidwell**      **2-16-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TIDWELL, DAVID	
STREET ADDRESS	8425 UNITY DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TIDWELL, SARAH	
STREET ADDRESS	8425 UNITY DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DOUGLAS ALISON	
STREET ADDRESS	8425 UNITY DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Tidwell	
STREET ADDRESS	8425 unity dr PR, FL 34668	
CITY-ST-ZIP		
TITLE	v. President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sarah Tidwell	
STREET ADDRESS	8425 unity dr PR, FL 34668	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *David Tidwell*      **David Tidwell**      **2-16-06**      **861-5566**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #