

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90057 050 ***150.00



DOCUMENT # P04000073307
 1. Entity Name
 TIDWELL CONTRACTING INC.

Principal Place of Business
 8425 UNITY DRIVE
 PORT RICHEY FL 34668

Mailing Address
 8425 UNITY DRIVE
 PORT RICHEY FL 34668



2. Principal Place of Business - No P.O. Box #
 8425 Unity Dr

3. Mailing Address
 P. Ho

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
 P.R. Florida

City & State

Zip
 34668

Country
 US

4. FEI Number 75-3155206

Applied For
 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 David Tidwell

Street Address (P.O. Box Number is Not Acceptable)
 8425 Unity Dr

City P. Richey FL Zip Code 34668

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*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR