## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # P06000034302** 04-30-2007 90828 039 \*\*\*150.00 1. Entity Name S D CONSTRUCTORS INC Principal Place of Business Mailing Address 40092589 5357 MARAVOSS STREET 5357 MARAVOSS STREET COCOA, FL 32927 US COCOA, FL 32927 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 925 Mccullough Rd Suite, Apt. #, etc. 03242007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 20-4456617 MIM nims Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DURBIN, STEVEN W Street Address (P.O. Box Number is Not Acceptable) 5357 MARAVOSS STREET COCOA, FL 32927 CityMims 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 familia the obligations of registered agent 3/24/2007 SIGNATURE nature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE TITLE ☐ Delete DURBIN, STEVEN W NAME NAME 3925 Mccullough Rd Mims FL 32754 STREET ADDRESS 5357 MARAVOSS STREET STREET ADDRESS COCOA, FL 32927 CITY-ST-7IP CITY - ST-ZIP ☐ Addition Delete TITLE TITLE NAME EVERIDGE, STEVEN M NAME 3925 Mccullough Rd MIMS FL 32754 STREET ADDRESS 3645 GRANTLINE ROAD STREET ADDRESS MIMS, FL 32754 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

FILED

Daylime Phone #