

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90018 036 ***150.00

DOCUMENT # 248309

1. Entity Name
PAUL M. DURHAM CONTRACTOR, INC.



Principal Place of Business

**PAUL M DURHAM
285 EDGEWOOD AVE S
JACKSONVILLE, FL 32254 US**

Mailing Address

**PAUL M DURHAM
P O BOX 6250
JACKSONVILLE, FL 32236-6250 US**

DO NOT WRITE IN THIS SPACE



01132008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0932943

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCULLOUGH, M.E
4122 CLEARWATER LANE
JACKSONVILLE, FL 32223**

**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

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, 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 PD
NAME MCCULLOUGH, STEVEN M
STREET ADDRESS ~~4416 TIDEVIEW DRIVE~~ **3854 JEAN ST.**
CITY-ST-ZIP JACKSONVILLE, FL ~~32250~~ **32205**

TITLE VPD
NAME MCCULLOUGH, M.E.
STREET ADDRESS 4122 CLEARWATER LANE
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE TD
NAME MCCULLOUGH, CATHY
STREET ADDRESS 4122 CLEARWATER LANE
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE S
NAME KLINE, NAOMI P
STREET ADDRESS 2064 MYRA STREET
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08
Date

904 219-3780
Daytime Phone #