

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 437818

1. Entity Name
TRADITIONAL CONTRACTORS COMPANY



Principal Place of Business

**180 TOLLGATE BRANCH
PO BOX 1761
LONGWOOD, FL 32750**

Mailing Address

**180 TOLLGATE BRANCH
P O BOX 521761
LONGWOOD, FL 32752-1761 US**

DO NOT WRITE IN THIS SPACE



03152008 No Chg-P CRZE034 (11/05)

4. FEI Number
59-1498923

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BALDWIN, JOHN
500 HWY 17-92
FERN PARK, FL 32730**

**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 recertifying)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
LOUGHRAN, NADINE
180 TOLLGATE BRANCH
LONGWOOD, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
LOUGHRAN, NADINE
180 TOLLGATE BRANCH
LONGWOOD, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DVP
LOUGHRAN, LEO J
180 TOLLGATE BRANCH
LONGWOOD, FL 32750**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
LOUGHRAN, NADINE M.
180 TOLLGATE BRANCH
LONGWOOD, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000512135
04/29/06-80075-013 150.00

**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:

Leo J. Loughran **LEO J. LOUGHRAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-435-6773