## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 14, 2005 8:00 am Secretary of State **DOCUMENT # F94737** 1. Entity Name 03-14-2005 90090 007 \*\*\*150.00 TUPELO CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address **87 TUPELO DR** 87 TUPELO DR CRAWFORDVILLE FL 32327 CRAWFORDVILLE FL 32327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2224646 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YAWN, JOSEPH RAYMOND 525 TÁLAFLO ST. TALLAHASSEE FL 32308 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, awa) SIGNATURE ed agent and little if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change ☐ Addition TITLE ☐ Delete TITLE Shuff, John 87 Tupelo Dr. Crawford ville, Fl. 32327 SHUFF, JOHN NAME NAME **ROUTE 3, BOX 4953** STREET ADDRESS STREET ADDRESS CRAWFORDVILLE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition Yann, Joseph P. 213 Daughtry Dr Sopchoppy, Fl. 32358 YAWN, JOSEPH RAYMOND NAME NAME **525 TALAFLO STREET** STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP CITY-ST-7IP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITHE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attack

SIGNATURE:

**FILED**