## **2007 FOR PROFIT CORPORATION**

SIGNATURE:

## May 01, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # G38200 05-01-2007 90005 036 \*\*\*150.00 1. Entity Name JTD CONTRACTING INC. Principal Place of Business Mailing Address 97674 OVERSEAS HIGHWAY P.O. BOX 2790 KEY LARGO, FL 33037 KEY LARGO, FL 33037 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202007 CR2E034 (12/06) Cha-P City & State City & State 4 FEI Number Applied For 59-2324574 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMES, TIMOTHY N Street Address (P.O. Box Number is Not Acceptable) 99198 OVERSEAS HIGHWAY, STE #8 KEY LARGO, FL 33037 Zip Code City FL 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 little if applicable. (NOTE, Registered Agent signature required when roinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Delete TREASURER ☐ Addition DEBRULE, JOHNNY T. NAME NAME 411 3RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY LARGO, FL 33037 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition DEBRULE, GAIL L. NAME STREET ADDRESS 411 3RD STREET STREET ADDRESS KEY LARGO, FL 33037 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PRESIDENT NAME DEBRULE, DAVID L NAME .103 MARINA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY LARGO, FL 33037 CITY-ST-ZIP VICE-PRESIDENT ☐ Delete Addition TITLE ☐ Change NAME NAME DEBRULE, JOHNNY E. STREET ADDRESS STREET ADDRESS 36 TARPON AVE CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE FITLE 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 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.

David L DeBrule P. 4130107

**FILED**