
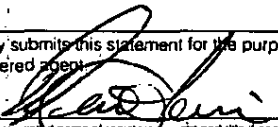
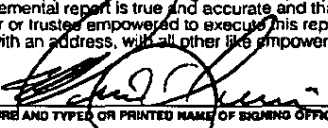


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/2.

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-02-2004 90012 022 ***150.00

DOCUMENT # H60429 1. Entity Name T. E. C. CONSTRUCTION, INC.			
Principal Place of Business 551 DOUGH TAYLOR CIR # G ST JAMES CITY FL 33922 US		Mailing Address 10580 HABITAT TRAIL BOKEELIA FL 33922 US	
2. Principal Place of Business 4101 DAVIS Ranch Rd		3. Mailing Address Zolfo Springs	
Suite, Apt. #, etc. 1		Suite, Apt. #, etc.	
City & State Zolfo Springs		City & State	
Zip 33890		Zip	
Country Hardee		Country	
4. FEI Number 59-2577832		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERWIN, TIMOTHY C. 10580 HABITAT TRAIL BOKEELIA FL 33922		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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  DATE 7/28 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ERWIN, TIMOTHY C. <input type="checkbox"/> Delete 10580 HABITAT TRAIL BOKEELIA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 7/28 Daytime Phone #	

66432145



MOORE CR2E034 (4/04)