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

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MOORE CR2E034 (4/04)

DOCUMENT # H60429

1. Entity Name

T. E. C. CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
~~55TH~~ DOUGH TAYLOR CIR # G ST ~~JAMES~~ CITY FL 33922 US	10580 ~~HABITAT~~ TRAIL BOKEELIA FL 33922 ~~US~~

2. Principal Place of Business	3. Mailing Address
4101 Davis Ranch Rd	Zolfo Springs
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Zolfo Springs	City & State
Zip: 33890 Country: Hardee	Zip Country

4. FEI Number 59-2577832 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 **FL** Zip Code

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 _____ 7/28
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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. ☑

☐ Election Campaign Financing Trust Fund Contribution. **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST ERWIN, TIMOTHY C. 10580 HABITAT TRAIL BOKEELIA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: _____ 7/28
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #