

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90019 043 \*\*\*150.00

**DOCUMENT # H83147**

1. Entity Name  
**THE FORD COMPANY DESIGN & CONSTRUCTION, INC.**



Principal Place of Business  
**721 A1A BCH BLVD  
3  
ST. AUGUSTINE, FL 32084 US**

Mailing Address  
**721 A1A BCH BLVD  
3  
SAINT AUGUSTINE, FL 32080 US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip **32080** Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

02012006 Chg-P CR2E034 (11/05)

4. FEI Number **59-2977616** Applied For  
**59-2470440** Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FORD, H. TIMOTHY  
721 A1A BEACH BLVD #3  
SAINT AUGUSTINE, FL 32080**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	P	<input type="checkbox"/> Delete
NAME	FORD, TIMOTHY	
STREET ADDRESS	731 A1A BEACH BLVD #3	
CITY-ST-ZIP	ST. AUGUSTINE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P S O T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, TIMOTHY	
STREET ADDRESS	29 BERMUDA RUN WAY	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE: *Timothy Ford* President **2-1-06 (904) 471-2819**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #