

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 25, 2007 08:00 AM
Secretary of State**

DOCUMENT # K33200

1. Entity Name
TENANT CONTRACTORS, INC.



Principal Place of Business
**5120 SUBEAM RD
JACKSONVILLE, FL 32257 US**

Mailing Address
**P. O. BOX 23010
JACKSONVILLE, FL 32241**



07112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2908871	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

**GRIFFIN, WILLIAM
2679 RIVERPORT DR. N.
JACKSONVILLE, FL 32223**

**DO NOT WRITE
IN THIS SPACE**

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

William Griffin

Signature, typed or printed name of registered agent and agent applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-12-07

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GRIFFIN, WILLIAM F., JR.
STREET ADDRESS	2679 RIVERPORT DR. N.
CITY- ST- ZIP	JACKSONVILLE, FL

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CITY- ST- ZIP	

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07/25/07-20005-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

William Griffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-07

Date

Daytime Phone #