


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90012 036 ***150.00

DOCUMENT # L20203 1. Entity Name T&P CONSTRUCTION, INC.					
Principal Place of Business 250 LOCK ROAD DEERFIELD BEACH, FL 33442 US			Mailing Address 250 LOCK ROAD DEERFIELD BEACH, FL 33442 US		
2. Principal Place of Business 14160 WELLINGTON TRACE Suite, Apt. #, etc.		3. Mailing Address 14160 WELLINGTON TRACE Suite, Apt. #, etc.			
City & State WELLINGTON, FL		City & State WELLINGTON, FL		4. FEI Number 20-1154405 Applied For NOT APPLICABLE Not Applicable	
Zip 33414 Country FLA BEACH		Zip 33414 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAYIA, EDWARD ESQUIRE 432 NE 3 AVE FT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name PETER PISER Street Address (P.O. Box Number is Not Acceptable) 14160 WELLINGTON TRACE City WELLINGTON FL Zip Code 33414		
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 <u><i>Peter Piser, D.R.</i></u> <u><i>PETER PISER</i></u> <u><i>5-9-06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PISER, TIMOTHY H. 250 LOCK ROAD DEERFIELD BEACH, FL <input checked="" 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	D PISER, PETER J. 250 LOCK ROAD DEERFIELD BEACH, FL <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	
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	
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: <u><i>Peter Piser, D.R.</i></u> <u><i>PETER PISER</i></u> <u><i>5-9-06</i></u> <u><i>561-753-6560</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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