

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90351 046 \*\*\*150.00

<b>DOCUMENT # P01000039995</b> 1. Entity Name <b>T-DEVITO BUILDING CONTRACTORS, INC.</b>					
Principal Place of Business <b>7302 PERKAN ISLE DR. TAMPA, FL 33634</b>			Mailing Address <b>7302 PERKAN ISLE DR. TAMPA, FL 33634</b>		
2. Principal Place of Business <b>7302 Pelican Isle Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>7302 Pelican Isle Dr.</b> Suite, Apt. #, etc.			
City & State <b>TAMPA FL</b>		City & State <b>TAMPA FL</b>		4. FEI Number <b>59-3712096</b>	
Zip <b>33634</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOND, WALTER R JR 6029 MEMORIAL HWY TAMPA, FL 33615</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Licia D Hayer</i></u> DATE <u>4-11-05</u> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HAYER, TRICIA L 6029 MEMORIAL HIGHWAY TAMPA, FL 33615</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD BOND, R. WALTER JR 6029 MEMORIAL HIGHWAY TAMPA, FL 33615</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Licia D Hayer</i></u> <small>SIGNATURE AND TYPED-OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-11-05</u> Daytime Phone # <u>813-243-1000</u>		