2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090471

3660 WORK DR.

FT. MYERS, FL 33916

Address:

City-St-Zip:

FILED Apr 08, 2007 Secretary of State

Entity Nai	me: TJ'STRU	ICKING & TEAMING CO.					
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
3660 WOF	RK DR 5, FL 33916						
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
3660 WOF	RK DR 5, FL 33916		P.O. BOX 6 FT MYERS	60944 6, FL 33906			
FEI Number:	: 50-0005058	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of N	lew Registered Agent:		
	THOMAS J 19TH AVENUE RAL, FL 33904						
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered o	ffice or registered agent, or l	both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	ent	Date			
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS	S AND DIREC	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CHR () MILLER, MAURI 3660 WORK DF FT MYERS, FL	₹	Title: Name: Address: City-St-Zip:	CHR (X MIKOS, THOMA 3660 WORK DI FT MYERS, FL	R		
Title: Name: Address: City-St-Zip:	PD () MILLER, MAUR 3660 WORK DE FT MYERS, FL	₹	Title: Name: Address: City-St-Zip:	PD (X MIKOS, THOM 3660 WORK DI FT MYERS, FL	R		
Title: Name: Address: City-St-Zip:	SEC () ROGERS, DIAN 3660 WORK DE FT MYERS, FL	₹	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name:	TRES () MIKOS, TOM	Delete	Title: Name:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: THOMAS J. MIKOS 04/08/2007 CHR