

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90280 028 ***150.00

DOCUMENT # P02000121876

1. Entity Name
T&D CONTRACTING, INC.



Principal Place of Business

1701 BIG OAK LANE
KISSIMMEE, FL 34746

Mailing Address

1701 BIG OAK LANE
KISSIMMEE, FL 34746

60027647



2. Principal Place of Business

6818 South Orange Blossom Trail

3. Mailing Address

P.O. Box 420969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292006

Chg-P

CR2E034 (11/05)

City & State

Navenport, Florida

City & State

Kissimmee, FL

Zip

33896

Country

USA

Zip

34742-0969

Country

USA

4. FEI Number

42-1559994

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JOHN P IV
1701 BIG OAK LANE
KISSIMMEE, FL 34746

7. Name and Address of New Registered Agent

Name

John P. Davis IV

Street Address (P.O. Box Number is Not Acceptable)

6818 South Orange Blossom Trail

City

Navenport

FL

Zip Code

33896

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/06

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
DAVIS, JOHN P IV
1701 BIG OAK LANE
KISSIMMEE, FL 34746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
THOMPSON, AUBREY E III
3305 HARBOR RD.
KISSIMMEE, FL 34746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
John P. Davis IV
6818 South Orange Blossom Trail
Navenport, FL 33896 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Aubrey E Thompson III
6814 South Orange Blossom Trail
Navenport, FL 33896 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/06