

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90397 019 ***150.00

DOCUMENT # P03000006609 1. Entity Name T&A ENTERPRISES CONSTRUCTION, INC.			
Principal Place of Business 3212 25TH ST W LEHIGH ACRES, FL 33971		Mailing Address 3212 25TH ST W LEHIGH ACRES, FL 33971	
2. Principal Place of Business No P.O. Box # 7070 Watts Rd		3. Mailing Address 7070 Watts Rd	
Suite, Apt. #, etc 		Suite, Apt. #, etc 	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33905		Zip 33905	
Country LEE		Country LEE	
4. FEI Number 57-1151400		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 CARY, DAVID W 1325-C DEL PRADO BLVD. S CAPE CORAL, FL 33990		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME CARY, DAVID W	<input type="checkbox"/> Delete	
STREET ADDRESS 1325-C DEL PRADO BLVD, S	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY- ST- ZIP CAPE CORAL, FL 33990			
TITLE D	NAME BYRD, THOMAS G JR	<input type="checkbox"/> Delete	
STREET ADDRESS 3212 25TH ST W	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY- ST- ZIP LEHIGH ACRES, FL 33971			
TITLE D	NAME BYRD, THOMAS G SR	<input type="checkbox"/> Delete	
STREET ADDRESS 7070 WATT RD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY- ST- ZIP FT MYERS, FL 33905			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY- ST- ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY- ST- ZIP 			
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:		4/26/07 (239) 707-2511	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	