



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90180 025 ***150.00

DOCUMENT # P03000016065																																																																																																																																																					
1. Entity Name CALDWELL & CALDWELL CONSTRUCTION AND DEVELOPMENT, INC.																																																																																																																																																					
Principal Place of Business 1590 SOUTH SUNCOAST BOULEVARD HOMOSASSA, FL 34448			Mailing Address 3732 GULF TO LAKE HWY INVERNESS, FL 34453																																																																																																																																																		
2. Principal Place of Business 3732 E Gulf to Lake Hwy Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																			
City & State Inverness, FL		City & State		4. FEI Number 56-2384122																																																																																																																																																	
Zip 34453		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent CALDWELL, JAMES R JR. 1590 SOUTH SUNCOAST BOULEVARD HOMOSASSA, FL 34448			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3732 E Gulf to Lake Hwy City Inverness FL Zip Code 34453																																																																																																																																																		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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: <i>James R Caldwell, JR</i> James R Caldwell, JR by Linda Caldwell his attorney-in-fact 4/28/06 (352)726-4352																																																																																																																																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____																																																																																																																																																					