

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000021125

Entity Name: DDC CONSTRUCTION INC.

FILED  
Apr 27, 2005  
Secretary of State

## Current Principal Place of Business:

615 GRAND CYPRESS PT  
SANFORD, FL 32771

## New Principal Place of Business:

972 LEMON BLUFF RD  
SANFORD, FL 32764

## Current Mailing Address:

615 GRAND CYPRESS PT  
SANFORD, FL 32771

## New Mailing Address:

972 LEMON BLUFF RD  
SANFORD, FL 32764

FEI Number: 59-3567012

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHRISTOPHER, MICHAEL  
615 GRAND CYPRESS PT  
SANFORD, FL 32771 US

## Name and Address of New Registered Agent:

CHRISTOPHER, MICHAEL  
972 LEMON BLUFF RD  
SANFORD, FL 32764 US

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.

SIGNATURE: MIKE CHRISTOPHER

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CHRISTOPHER, MICHAEL  
Address: 615 GRAND CYPRESS PT  
City-St-Zip: SANFORD, FL 32771

Title: TD ( ) Delete  
Name: CHRISTOPHER, TERRIE  
Address: 615 GRAND CYPRESS PT  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: CHRISTOPHER, DEVON  
Address: 615 GRAND CYPRESS PT  
City-St-Zip: SANFORD, FL 32771

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CHRISTOPHER, MICHAEL  
Address: 972 LEMON BLUFF RD  
City-St-Zip: SANFORD, FL 32764

Title: TD (X) Change ( ) Addition  
Name: CHRISTOPHER, TERRIE  
Address: 972 LEMON BLUFF RD  
City-St-Zip: SANFORD, FL 32764

Title: D (X) Change ( ) Addition  
Name: CHRISTOPHER, DEVON  
Address: 972 LEMON BLUFF RD  
City-St-Zip: SANFORD, FL 32764

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MIKE CHRISTOPHER

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date