



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90065 023 ***150.00

DOCUMENT # P03000061814 1. Entity Name CD CONSTRUCTION MANAGEMENT, INC.					
Principal Place of Business 21 OLD KINGS ROAD N. SUITE B214 PALM COAST, FL 32137			Mailing Address 21 OLD KINGS ROAD N. SUITE B214 PALM COAST, FL 32137		
2. Principal Place of Business 21 Old Kings Road N		3. Mailing Address P.O. Box 350148			
Suite, Apt. #, etc. Suite B212		Suite, Apt. #, etc.			
City & State Palm Coast, FL		City & State Palm Coast, FL		4. FEI Number 55-0832665	
Zip 32137		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32137		Country USA		6. Name and Address of Current Registered Agent DIAS, CARLOS A JR. 21 OLD KINGS ROAD N. SUITE B214 PALM COAST, FL 32137	
7. Name and Address of New Registered Agent Name Dias, Carlos A. Jr.		Street Address (P.O. Box Number is Not Acceptable) 21 Old Kings Road N.			
Suite Suite B212		City Palm Coast			
State FL		Zip Code 32137			
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, 2005 Fee will be \$350.00		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 DIAS, CARLOS A JR.		TITLE P	NAME Dias, Carlos A. Jr.	
STREET ADDRESS 21 OLD KINGS ROAD N., SUITE B214	CITY-ST-ZIP PALM COAST, FL 32137		STREET ADDRESS 21 Old Kings Rd. N, Suite B212	CITY-ST-ZIP Palm Coast, FL 32137	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			4/1/05 (386) 447-0494		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		