

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000100051

1. Entity Name
FLORIDA TRADEWINDS CONSTRUCTION, INC.



Principal Place of Business
4712 LITHIA PINECREST ROAD
VALRICO, FL 33594 US

Mailing Address
4712 LITHIA PINECREST ROAD
VALRICO, FL 33594 US

2. Principal Place of Business

3. Mailing Address

4712

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10282004

REIN-P

CR2E098 (6/04)

04-05

4. FEI Number

88-0516141

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DURKIN, WILLIAM H
106 W WINDHORST ROAD
101
BRANDON, FL 33510

7. Name and Address of New Registered Agent

Name

Sherri Durr

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

4712 Lithia Pinecrest Rd

Valrico, FL 33594

City

FL

Zip Code

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-14-2005

FILE NOW!!! FEE IS \$750.00

After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P D
DURR, DAVID D
4712 LITHIA PINECREST ROAD
VALRICO, FL 33594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP D
DURR, SHERRI
4712 LITHIA PINECREST ROAD
VALRICO, FL 33594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature] ☐ 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
☐ Change ☐ Addition
100062293211
12/20/05--01039--024 **\$900.00

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

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

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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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-09-05

Date

813 376 8859

Daytime Phone #