


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90003 012 ***150.00

DOCUMENT # P03000111006 1. Entity Name TAZMANIUM CONSTRUCTION, INC.					
Principal Place of Business 7251 PINE BLOSSOM RD MILTON, FL 32570			Mailing Address 7251 PINE BLOSSOM RD MILTON, FL 32570		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
ROSE, AVIS 7251 PINE BLOSSOM RD MILTON, FL 32570		Name Shawn Caudell Street Address (P.O. Box Number is Not Acceptable) 7251 Pine Blossom Road City Milton			
		FL Zip Code 32570			
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: <u>Shawn Caudell (President)</u> <u>Shawn Caudell</u> <u>1-18-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	D CAUDELL, SHAWN S <input type="checkbox"/> Delete 7251 PINE BLOSSOM RD MILTON, FL 32570		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAUDELL, CHRISTINA R <input type="checkbox"/> Delete 7251 PINE BLOSSOM RD MILTON, FL 32570		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Shawn Caudell</u> <u>Shawn Caudell</u> <u>1-18-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

54000489



01062004 Chg-P CR2E034 (10/03)

4. FEI Number
41-2112601

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

ROSE, AVIS
7251 PINE BLOSSOM RD
MILTON, FL 32570

Name
Shawn Caudell
Street Address (P.O. Box Number is Not Acceptable)
7251 Pine Blossom Road
City
Milton FL Zip Code
32570

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SIGNATURE: Shawn Caudell (President) Shawn Caudell 1-18-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

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After May 1, 2004 Fee will be \$550.00

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Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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SIGNATURE: Shawn Caudell Shawn Caudell 1-18-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #