2006 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM **Secretary of State** CUMENT # P03000121303 TM CONSTRUCTION AND DESIGN, INC. 1 oal Place of Business Mailing Address WOODVILLE HIGHWAY 197 WÖODVILLE HIGHWAY CRAWFORDVILLE FL 32327 WFORDVILLE FL 32327 7 cipal Place of Business 3. Mailing Address ite. Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) tst MOORE ÿ & State City & State Applied For 4. FEI Number 56-2412766 Not Applicat Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEAM, TED R 197 WOODVILLE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) CRAWFORDVILLE FL 32327 Zip Cade 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 acceptable 8. bligations of registered agent. S DATE Signature, types or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when renatating) FILE NOW!!! FEE IS \$150,00 \$5.00 May E. 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees N heck Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 OFFICERS AND DIRECTORS 11. Change Allim  $\pi$ P,D ☐ Delete TITLE NAME BEAM, TED R NA: U00000397214 01/30/06-80040-021 150.00 STREET ADDRESS ST 197 WOODVILLE HIGHWAY CIT CRAWFORDVILLE FL 32327 CITY-ST-ZIP ☐ Change 🔲 Addiii. VP,D TIT) Delete NAT BEAM, JASON W NAME STREET ADDRESS STF 197 WOODVILLE HIGHWAY CITY-ST-ZIP CIT CRAWFORDVILLE FL 32327 m ☐ De!ote ☐ Change ☐ Addition S.TD NAN NAME BEAM, ERICK STREET ADDRESS STR 197 WOODVILLE HIGHWAY CtT CITY-ST-ZIP CRAWFORDVILLE FL 32327 TITL ☐ Oelete TITLE ☐ Change Addition Addition MAN NAME STREET ADDRESS Sitt CITY-ST-ZIP CITY Change Addition Delete TIRLE 73713 NAM STREET ADDRESS STRE CITY CRY-ST-70P Change Addition TALL Defete TITLE NAME MAM STITE STREET ADDRESS

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The certily that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information called on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director or composition 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 accuracy, or on an attendment with an address, with all other like empowered.

1-18-06

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