

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90033 025 ***150.00

DOCUMENT # P03000122490 1. Entity Name JEFF DALTON CONSTRUCTION, INC.																																															
Principal Place of Business 614 GOLF COURSE DR FT WALTON BEACH FL 32547			Mailing Address 614 GOLF COURSE DR FT WALTON BEACH FL 32547																																												
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																												
City & State			City & State																																												
Zip		Country		4. FEI Number 59-2410079																																											
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																													
6. Name and Address of Current Registered Agent DALTON, BETTY A 614 GOLF COURSE DR FT WALTON BEACH FL 32547				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																											
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.				FL Zip Code																																											
SIGNATURE <i>Betty A Dalton</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State																																															
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 33%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 33%;"> PD DALTON, JEFFREY K 614 GOLF COURSE DR FT WALTON BEACH FL 32547 </td> <td style="width: 33%; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="width: 33%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 33%;"> PD SC M Jeffrey K Dalton 614 GOLF COURSE DR FT WALTON BEACH FL 32547 </td> <td style="width: 33%; text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> VT DALTON, BETTY A 614 GOLF COURSE DR FT WALTON BEACH FL 32547 </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALTON, JEFFREY K 614 GOLF COURSE DR FT WALTON BEACH FL 32547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SC M Jeffrey K Dalton 614 GOLF COURSE DR FT WALTON BEACH FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DALTON, BETTY A 614 GOLF COURSE DR FT WALTON BEACH FL 32547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: <i>Jeffrey K Dalton</i> 02/27/05 850-865-4256 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>																																															



1st MOORE CR2E034 (10/04)