


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90004 001 ***150.00

DOCUMENT # P03000126136 1. Entity Name ALDRICH CONSTRUCTION AND DEVELOPMENT, INC.			
Principal Place of Business 928 PORTER DRIVE LARGO, FL 33771 US		Mailing Address 928 PORTER DRIVE LARGO, FL 33771 US	
2. Principal Place of Business 1299 Starkey Rd Suite, Apt. #, etc. Unit # 303 City & State Largo FL Zip 33771 Country US		3. Mailing Address 1299 Starkey Rd. Suite, Apt. #, etc. Unit # 303 City & State Largo FL Zip 33771 Country US	
03222005 Chg-P CR2E034 (10/03)		4. FEI Number 20-0368907	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ALDRICH, DOREEN J 928 PORTER DRIVE LARGO, FL 33771		7. Name and Address of New Registered Agent Name Doreen J. Aldrich Street Address (P.O. Box Number is Not Acceptable) 1299 Starkey Road Unit 303 City Largo FL Zip Code 33771	
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 Doreen J. Aldrich Doreen J. Aldrich 3/28/05 <small>Signature, typed or printed name of registered agent and take 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		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	P ALDRICH, CHARLES W JR. 928 PORTER DRIVE LARGO, FL 33771 <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	S ALDRICH, DOREEN J 928 PORTER DRIVE LARGO, FL 33771 <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: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/28/05 727-535-7186 <small>Date Daytime Phone #</small>	