

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                 |                                                                         |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000138446</b><br>1. Entity Name<br><b>TAB DRIGGERS CONSTRUCTION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                 |                                                                         |                                                                                                                                      |  |
| Principal Place of Business<br><b>102 MONTE PALO<br/>PANAMA CITY BEACH FL 32413</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                 | Mailing Address<br><b>102 MONTE PALO<br/>PANAMA CITY BEACH FL 32413</b> |                                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                               |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                 | City & State                                                            |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             | Country                         |                                                                         | 4. FEI Number <b>20-0469318</b>                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |                                 |                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><b>DRIGGERS, TAB F<br/>102 MONTE PALO<br/>PANAMA CITY BEACH FL 32413</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                 |                                                                         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                                 |                                                                         |                                                                                                                                      |  |
| <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2005 Fee Will Be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div>         9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       </div> </div>                                                                                                                                                                                                                |                                                                             |                                 |                                                                         |                                                                                                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                   |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>DRIGGERS, TAB F<br>102 MONTE PALO<br>PANAMA CITY BEACH FL 32413        | <input type="checkbox"/> Delete |                                                                         |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>TODD, TIMOTHY T<br>11583 NW NEWSOME RD<br>CLARKSVILLE FL 32430        | <input type="checkbox"/> Delete |                                                                         |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>WILLIAMS, CHRISTOPHER E<br>102 MONTE PALO<br>PANAMA CITY BCH FL 32413 | <input type="checkbox"/> Delete |                                                                         |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                             | <input type="checkbox"/> Delete |                                                                         |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                             | <input type="checkbox"/> Delete |                                                                         |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                             | <input type="checkbox"/> Delete |                                                                         |                                                                                                                                      |  |
| 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>Tab Driggers</u> <b>2/03/05</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                 |                                                                         |                                                                                                                                      |  |