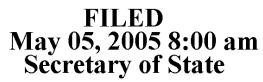
## 2005 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P03000141710  1. Entity Name T L S CONSTRUCTION CO, INC.							05-05-2005 90081 036 ***150.00				
Principal Place of Business 6806 MOBILE HWY PENSACOLA, FL 32526				Mailing Address 6806 MOBILE HWY PENSACOLA, FL 32526				40004	, 303		
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.		04272005	Chg-P	CR2E03	34 (10/03)		
City & State				City & State		4. FEI Numbe 11-370				oplied For ot Applicable	
Zip	Country			Zip Coun		try	5. Certificate of Status Desired See Required Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
KING, JAMES W JR. 945 W MICHIGAN AVE STE 5B						Street Address (P.O. Box Number is Not Acceptable)					
PENSACOLA, FL 32505											
1				City					FL	Zip Cod	e
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											
	Signature, typed	or printed name of registered a	gent and title	if applicable. (NOTE	: Registere	d Agent signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.							.00 May Be ed to Fees				
10.	OFFICERS AND DIRE			CTORS		ADDITIONS/	CHANGES TO OFF!	CERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i	ROY L BILE HWY DLA, FL 32526		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		·				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	CITY-	ET ADDRESS - ST-ZIP				☐ Change	☐ Addition
of the cor	on this repor poration or th	rt or supplemental repo ne receiver or trustee e	ort is true a mpowered	ling does not qualify for and accurate and that n d to execute this report I other like empowered.	ny signat as requir	ure shall have the s	same lenal offer	t as if mada under n	ath that I ar	n an officer	or dispostor