2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000016394

1. Entity Name
T GARCIA CONSTRUCTION, INC

Principal Place of Business	Mailing Address
6334 HIGHLAND GARDEN CT LAKELAND, FL 33813	6334 HIGHLAND GARDEN CT LAKELAND, FL 33813

14000~~

04252005   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2304 Boger Rd	2304 Boger Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Lakeland, FL	City & State Lakeland, FL
Zip 33813 Country Polk	Zip 33813 Country Polk

4. FEI Number 20-0652535   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired   ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, TEODULO 6334 HIGHLAND GARDEN CT LAKELAND, FL 33813	Name Teodulo, Garcia
	Street Address (P.O. Box Number is Not Acceptable) 2304 Boger Rd
	City Lakeland FL Zip Code 33813

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: *Teodulo Garcia*

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P ☐ Delete NAME GARCIA, TEODULO STREET ADDRESS 6334 HIGHLAND GARDEN CT CITY-ST-ZIP LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE D ☐ Delete NAME GARCIA, MARIA STREET ADDRESS 6334 HIGHLAND GARDEN CT CITY-ST-ZIP LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

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: *Teodulo Garcia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #