

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90212 005 ***150.00

DOCUMENT # P04000023840

1. Entity Name
TERESA O'DEA CONTRACTORS, INC.



Principal Place of Business
**1939 HAWAII AVE. NE
ST. PETERSBURG, FL 33703**

Mailing Address
**1939 HAWAII AVE. NE
ST. PETERSBURG, FL 33703**

40089872



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
84-1637648

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**O'DEA, TERESA A
409 ERIE AVENUE
TAMPA, FL 33606**

Name **TERESA A. O'DEA**

Street Address (P.O. Box Number is Not Acceptable)
1939 HAWAII AVE N.E.

City **ST. PETERSBURG** FL Zip Code **33703**

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

TERESA O'DEA

TERESA O'DEA, Pres.

3/25/08

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, 2008 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
NAME **P MCGINNISS, TERESA A** ☐ Delete
STREET ADDRESS
CITY- ST- ZIP **409 ERIE AVE
TAMPA, FL 33606**

TITLE
NAME **O'DEA, TERESA A.** ☒ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP **1939 HAWAII AVE NE
ST. PETERSBURG, FL 33703**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
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NAME ☐ Delete
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

TERESA O'DEA

TERESA O'DEA, Pres.

3/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date and Phone #