2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005
Secretary of State

DOCUMENT# P04000029237

Entity Name: K:D: SONS CONSTRUCTION INC

Current Principal Place of Business:

6329 HAPPY LN
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

6329 HAPPY LN
MILTON, FL 32570

New Mailing Address:

FEI Number: 16-1692551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS MABIRE, DEL
6329 HAPPY LN
MILTON, FL 32570 US

Name and Address of New Registered Agent:

MABIRE, DEL ROGERS
6329 HAPPY LN
MILTON, FL 32570 US

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.

SIGNATURE: DEL R. MABIRE 04/16/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MABIER, DEL ROGERS
Address: 6329 HAPPY LN
City-St-Zip: MILTON, FL 32570

Title: VD ( ) Delete
Name: MABIRE, TALITHA KIM
Address: 6329 HAPPY LN
City-St-Zip: MILTON, FL 32570

Title: M ( ) Delete
Name: KRANEFUSS, TRACY A
Address: 3680 SWAN LANE
City-St-Zip: PENSACOLA, FL 32504

Title: T ( ) Delete
Name: GREEN, TRAVIS J
Address: 6329 HAPPY LANE
City-St-Zip: MILTON, FL 32570

Title: S ( ) Delete
Name: MABIRE, ZACK
Address: 6329 HAPPY LANE
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MABIRE, DEL R
Address: 6329 HAPPY LN
City-St-Zip: MILTON, FL 32570

Title: VP (X) Change ( ) Addition
Name: MABIRE, TALITHA K
Address: 6329 HAPPY LN
City-St-Zip: MILTON, FL 32570

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEL R. MABIRE PD 04/16/2005
Electronic Signature of Signing Officer or Director Date