

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

01-09-2006 90037 044 ***150.00

DOCUMENT # P05000031803 1. Entity Name TEDDER CONSTRUCTION, INC.																													
Principal Place of Business 37420 MOORE DRIVE DADE CITY, FL 33525			Mailing Address 37420 MOORE DRIVE DADE CITY, FL 33525																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 20-2428-273																									
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent TEDDER, JOSEPH A 37420 MOORE DRIVE DADE CITY, FL 33525																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reappointing)																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> PD TEDDER, JOSEPH A 37420 MOORE DRIVE DADE CITY, FL 33525 </td> <td style="width: 20%; padding: 2px; text-align: right;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PD TEDDER, JOSEPH A 37420 MOORE DRIVE DADE CITY, FL 33525	☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px; text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: _____ SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				1-05-06 352521-0096 Date Daytime Phone #																									