

**FOR PROFIT CORPORATION  
REINSTATEMENT**

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FILED

07 NOV 14 AM 9:07

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 406000001849

1. Entity Name

DeArmond Contractor Services Inc



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address

3221 Buckhorn Creek Rd

REINSTATEMENT 07

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Brandon FL

4. FEI Number

04-3837897

Applied For

Not Applicable

Zip

Country

Zip

33511

Country

US

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Tracy A. DeArmond

Street Address (P.O. Box Number is Not Acceptable)

3221 Buckhorn Creek Rd

City

Brandon

FL

Zip Code

33511

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

Tracy A. DeArmond

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Tracy A. DeArmond  
3221 Buckhorn Creek Rd.  
Brandon, FL 33511

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE

REINSTATEMENT

11/14

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 on an attachment with an address, with all other like empowered

SIGNATURE:

Tracy A. DeArmond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-07

Date

Daytime Phone #

NT

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11-6-07

Division of Corporations,

I did not receive my Annual Report  
Notice.

Attention: Tina Carter

Thank you  
DeArmond Contractors Services Inc.  
Tracy A. DeArmond  
3221 Buckhorn Creek Rd  
Brandon, FL 33511