## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Sep 11, 2008 8:00 am Secretary of State 09-11-2008 90002 040 \*\*\*150.00

Principal Place of Business   36454 PINEGATE TRL   25454 PINEGATE TRL   251515, FL 32726    2. Principal Place of Business - No P.O. Box #   3. Mailing Address   2. Principal Place of Business - No P.O. Box #   3. Mailing Address   2. Principal Place of Business - No P.O. Box #   3. Mailing Address   2. Principal Place of Business - No P.O. Box #   3. Mailing Address   2. Principal Place of Business - No P.O. Box #   3. Mailing Address   2. Principal Place of Business - No P.O. Box #   2. Principal Place of Business - No P.O. Box #   2. Principal Place of Business - No P.O. Box #   2. Principal Place of Business - No P.O. Box #   2. Principal Place of Business - No P.O. Box #   2. Principal Place of Business - No P.O. Box #   2. Principal Place of Business - No P.O. Box #   2. Principal Place of Business - No P.O. Box #   2. Principal Place of Business - No P.O. Box #   2. Principal Place of Business - No P.O. Box #   2. Principal Place of Business - No P.O. Box #   2. Principal Place of Business - No P.O. Box #   2. Principal Place of Business - No P.O. Box #   2. Principal Place of Business - No P.O. Box #   2. Principal Place of Business - No P.O. Box #   2. Principal Place of Business - No P.O. Box #   2. Principal Place of Business - No P.O. Box #   2. Principal Place of Business - No P.O. Box #   2. Principal Place of Business - P.O. Box #   2. Principal Place of Business - P.O. Box #   2. Principal Place of Business - P.O. Box #   2. Principal Place of Business - P.O. Box #   2. Principal Place of Business - P.O. Box #   2. Principal Place of Business - P.O. Box #   2. Principal Place of Business - P.O. Box #   2. Principal Place of Business - P.O. Box #   2. Principal Place of Business - P.O. Box #   2. Principal Place of Business - P.O. Box #   2. Principal Place of Business - P.O. Box #   2. Principal Place of Business - P.O. Box #   2. Principal Place of Business - P.O. Box #   2. Principal Place of Business - P.O. Box #   2. Principal Place of Business - P.O. Box #   2. Principal Place of Business -	DOCUMENT # P06000131878  1. Entity Name TWO BULLDOGS CONSTRUCTION, INC.								90002 040 ***1	50.00	
2. Principal Prace of Business - No P.O. Box #   3.4 Mailing Address   12 Le	Nation Address						471	TAGAT			
Sulio, Apl. 4, etc.  Cuy & Sisto  Mt. Doya FL  20 8132204  Supplied For Not Not Applied For	35454 PINE	GATE TRL	35454 PINEGATE TRL				. ; .				
Sulio, Apl. 4, etc.  Cuy & Sisto  Mt. Doya FL  20 8132204  Supplied For Not Not Applied For							/ 1 <b>00</b> 8880 18	SERIE PINA BENT ORTH AREA		1817886    1 <b>52</b> 1	
City & State    City & State   Mt.   Dock   FL   Statumber   20-8132204											
Zip Country 20 32756-1126 Cuntry 5. Certificate of Status Desired   \$8.75 Accitional Fee Required   \$8.75 Accitional Fee Requi	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				07302008	Chg-P	CR2E034 (12/0	5)	
Country   Coun	City & State									<u> </u>	
S. Name and Address of Current Registered Agent  Fee Required  T. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street A	Zip Country		Zip Cour		ntry				□ \$8.75		
HETHERTON, JAMES B 35454 PINEGATE TRL EUSTIS, FL 32726  8. The above named writly submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Street Address (P.O. Box Number is Not Acceptable)				<u> </u>	<u>usa</u>				Fee Requ		
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	,	6. Name and Address of Current Registered Agent					. Name and	Address of New R	egistered Agent		
EUSTIS, FL 32726  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    Southern, hypert or printed harm of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or b		HETHERTON, JAMES B									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    FILE NOWILI FEE IS \$150.00   9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.   11.	***************************************				Street Address (P.O. Box Number is Not Acceptable)						
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 Roida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature	200110,12 32720										
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	<b>S</b>				City Zip Code						
The obligations of registered agent.  SIGNATURE    Signature   Sig	8. The above	The above named entity submits this statement for the purpose of changing its registered.					agent, or bo	th, in the State of Flo		th, and accept	
Signature Name or protect name of registered Agent and the officers and the of				ŭ		ŭ	<b>3</b> . ,				
FILE NOWIII FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Financing Trust Fund Contribution:  10. OFFICERS AND DIRECTORS  11. Added to Fees  IIILE NAME HETHERTON, JAMES B SIRET ADDRESS SIRET ADDRESS CITY-ST-2P  TITLE NAME EUSTIS, FL 32726  TITLE NAME EUSTIS, FL 32726  TITLE NAME SIRET ADDRESS CITY-ST-2P  TITLE NAME SIRET ADDRESS SIRET ADDRESS CITY-ST-2P  TITLE NAME SIRET ADDRESS SIRET ADR	SIGNATURE	<u>.</u>			<u>.</u>						
Trust Fund Contribution. Added to Fees   Corporation did not receive the prior notice.		Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered	Agent signature	e required who	en reinstating)		DATE		
11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	Due by September 12, 2008 Trust Fund Contribution.					\$5.00 Added	D May Be to Fees	In accordance v corporation did	with s. 607.193(2)(I not receive the price	o), F.S., the or notice.	
NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P							ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	DRS IN 11	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CIT		l · .						·	☐ Chang	e 🔲 Addition	
CITY-ST-ZIP  TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS STREET											
NAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS	1				I .						
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	TITLE	TS	☐ Delete	TITLE					☐ Chang	je 🔲 Addition	
CITY-ST-ZIP  FUSTIS, FL 32726  CITY-ST-ZIP	5	1									
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS		· ·									
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS		EUSTIS, FL 32726	∏ Delete						Chone	no [7] Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS			C Ocicie		I .				C) Orang		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS											
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS											
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	1		☐ Delete						∐ Chang	e L_I Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1										
NAME	CITY-ST-ZIP			CITY-:	ST-ZIP	_					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	1		☐ Delete						Chang	e 🔲 Addition	
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         STREET ADDRESS	I										
NAME STREET ADDRESS STREET ADDRESS	1										
STREET ADDRESS STREET ADDRESS	TITLE		☐ Delete	TITLE	-				☐ Chang	e 🔲 Addition	
	1										
CITY-SI-ZIP CITY-SI-ZIP	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 ambowered 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR