## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000018656

City-St-Zip:

JACKSONVILLE, FL 32258

Entity Name: C.T.M. CONSTRUCTION INC

FILED Apr 21, 2008 Secretary of State

Littly Na		ONSTRUCTION INC.				
Current P	rincipal Place	e of Business:	New Principal Place of Busines	New Principal Place of Business:		
9310 OLD KINGS RD. S			12612 SHADY CREEK CT			
#701 JACKSONVILLE, FL 32257			JACKSONVILLE, FL 32223			
			Navy Mailian Addus and			
Current W	lailing Addre	55.	New Mailing Address:	New Maining Address.		
9310 OLD KINGS RD. S # 701			12612 SHADY CREEK CT	12612 SHADY CREEK CT JACKSONVILLE, FL 32223		
JACKSONVILLE, FL 32257			JACKSONVILLE, FL 32223	JACKSONVILLE, FL 32223		
FEI Number	: 20-8430351	FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certifica	te of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and Address of New Reg	Name and Address of New Registered Agent:		
ESTRADA, NAPOLEON 9310 OLD KINGS RD. S # 701			ESTRADA, NAPOLEON 4954 RUE STREET JACKSONVILLE, FL 32258 U	4954 RUE STREET		
JACKSONVILLE, FL 32258 US			SACROCIVILLE, I E 32230 O	O		
	named entity e of Florida.	submits this statement for t	e purpose of changing its registered office or r	egistered agent, or both,		
SIGNATU	RE:		0	04/21/2008		
	Electro	nic Signature of Registered	Agent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:		) Delete POLEON BEET	Title: ( ) Change ( Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip: Title:	ESTRADA, NAI 4954 RUE STF JACKSONVILL	EET	Title: VP (X) Change of Name: ESTRADA, NAPOLEON Address: 4954 RUE STREET City-St-Zip: JACKSONVILLE, FL 322:	58		
Name: Address:	ESTRADA, NAI	POLEON	Name: Address:	( )		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: NAPOLEON ESTRADA PRES 04/21/2008