

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90002 034 ***158.75

DOCUMENT # P07000054948

1. Entity Name
TDS CONSTRUCTION WEST, INC.



Principal Place of Business
**4239 63RD STREET WEST
BRADENTON, FL 34209**

Mailing Address
**4239 63RD STREET WEST
BRADENTON, FL 34209**

40106967



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-8971831

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHERER, DAVID K
4239 63RD STREET WEST
BRADENTON, FL 34209**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SCHERER, DAVID K**
STREET ADDRESS **4239 63RD STREET WEST**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE **ADD/TS** ☒ Change ☐ Addition
NAME **DAVID K. SCHERER**
STREET ADDRESS **> SAME**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KUYKENDALL, DANIEL**
STREET ADDRESS **115 SOUTH TRAVIS STREET**
CITY-ST-ZIP **SHERMAN, TX 75090**

TITLE **V/D** ☒ Change ☐ Addition
NAME **DANIEL Kuykendall**
STREET ADDRESS **> SAME**
CITY-ST-ZIP

TITLE **---** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **---** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **---** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **---** ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE **---** ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08
Date

941-795-6100
Daytime Phone #