

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000107493

FILED  
Feb 06, 2012  
Secretary of State

Entity Name: CDM CONTRACTING, INC.

## Current Principal Place of Business:

9150 S. CR 231  
LAKE BUTLER, FL 32054 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 596  
LAKE BUTLER, FL 32054 US

## New Mailing Address:

FEI Number: 26-1141819      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ELIXSON, BILLY R  
14771 SW 58TH DRIVE  
LAKE BUTLER, FL 32054 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: ELIXSON, BILLY R  
Address: 14771 SW 58TH DRIVE  
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: VP  
Name: HENRY, PETER C  
Address: 14632 SW 164TH STREET  
City-St-Zip: BROOKER, FL 32622 US

Title: S  
Name: COOKSEY, SCOTT N  
Address: 22501 NE 148TH TERRACE  
City-St-Zip: RAIFORD, FL 32083 US

Title: T  
Name: COOKSEY, SCOTT N  
Address: 22501 NE 148TH TERRACE  
City-St-Zip: RAIFORD, FL 32083 US

Title: PRES  
Name: ELIXSON, BILLY R  
Address: 9150 S. COUNTY ROAD 231  
City-St-Zip: LAKE BUTLER, FL 32054

I hereby 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 all other like empowered.

SIGNATURE: BILLY R ELIXSON

PRES

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date