

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90192 029 ***150.00

DOCUMENT # P95000006287

1. Entity Name
T. D. R. INC



Principal Place of Business Mailing Address

1821 SW 7TH AVE 1821 SW 7TH AVE
 POMPANO BEACH FL 33060 POMPANO BEACH FL 33060
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

30436 Holly Road **30436 Holly Road**

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

Punta Gorda FL **Punta Gorda FL**

Zip Country Zip Country

33982 USA **33982 USA**

4. FEI Number Applied For

65-0554334 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DOUKAS, TONY
1821 SW 7TH AVE
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

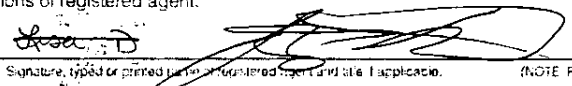
Name

Street Address (P.O. Box Number is Not Acceptable)
30436 Holly Road

City State Zip Code

Punta Gorda FL 33982

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  DATE **2-21-08**

Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when foregoing)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DOUKAS, TONY	
STREET ADDRESS	1821 SW 7TH AVE	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE	T	<input type="checkbox"/> Delete
NAME	DOUKAS, LISA	
STREET ADDRESS	1821 SW 7TH AVE	
CITY - ST - ZIP	POMPANO BCH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	30436 Holly Road	
CITY - ST - ZIP	Punta Gorda, FL 33982	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	30436 Holly Road	
CITY - ST - ZIP	Punta Gorda, FL 33982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:  **Lisa Doukas** DATE **2-21-08** DAYTIME PHONE # **941-505-0800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #