

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000010381

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** SECORD CONTRACTING CORPORATION

**Current Principal Place of Business:**

4812 COOLIDGE AVE N  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 26372  
TAMPA, FL 33622 US

**New Mailing Address:**

FEI Number: 59-3294430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SECORD, ELEANOR E  
1537 WINDING WILLOW DR  
NEW PORT RICHEY, FL 34655 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SECORD, THOMAS M JR  
Address: PO BOX 26372  
City-St-Zip: TAMPA, FL 33622

Title: ST ( ) Delete  
Name: SECORD, ELEANOR E  
Address: 1537 WINDING WILLOW DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: ELEANOR E SECORD

SECT

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date