

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90133 030 ***158.75

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1. Entity Name
DIVERSIFIED CONTRACTORS, INC.



Principal Place of Business
**D1976 ANDORRA ST
NAVARRE, FL 32566 US**

Mailing Address
**D1976 ANDORRA ST
NAVARRE, FL 32566 US**

50006671



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3328415

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

**JORDEN, ERIC
1976 ANDORRA ST
NAVARRE, FL 32566**

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

Eric Jorden

3/22/06

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, 2006 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 PD ☐ Delete
NAME JORDEN, ERIC
STREET ADDRESS 1976 ANDORRA ST
CITY-ST-ZIP NAVARRE, FL 32566

TITLE **PST** ☒ Change ☐ Addition
NAME **JORDEN, ERIC**
STREET ADDRESS **1976 ANDORRA ST**
CITY-ST-ZIP **NAVARRE FL 32566**

TITLE VP ☒ Delete
NAME TRAWICK, RICHARD W
STREET ADDRESS 801 TRAWICK RD
CITY-ST-ZIP MILTON, FL

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

TITLE ST ☒ Delete
NAME BAUM, STEVE
STREET ADDRESS 2016 A ESPLANDE
CITY-ST-ZIP NAVARRE, FL 32566

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Eric Jorden
ERIC JORDEN

3/22/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #