

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90001 038 ***550.00

DOCUMENT # P95000059615	
1. Entity Name TPT DEVELOPMENT & CONSTRUCTION, INC.	



Principal Place of Business 3705 US HWY 90 E DEFUNIAK SPRINGS, FL 32433 US	Mailing Address 3705 US HWY 90 E DEFUNIAK SPRINGS, FL 32433 US
--	--

34060000

2. Principal Place of Business 76 SANDYS POND LANE Suite, Apt. #, etc.	3. Mailing Address PO Box 2124 Suite, Apt. #, etc.
--	--

City & State DEFUNIAK SPRINGS FL	City & State SANTA ROSA Bch FL
Zip 32433	Country WALTON
Zip 32459	Country WALTON

07062004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3330286	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PATTERSON, SERA A 3707 US HWY 90 EAST DEFUNIAK SPRINGS, FL 32433	7. Name and Address of New Registered Agent Name: AUDREY FARRISH Street Address (P.O. Box Number is Not Acceptable) 804 CHURCHILL BAYOU RD City: SANTA ROSA BEACH FL Zip Code: 32459
---	--

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: <i>Audrey Farrish</i> Signature, typed or printed name of registered agent and title if applicable.	AUDREY FARRISH 7-6-04 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, MICHAEL D 3733 HWY. 91 E. DEFUNIAK SPRINGS, FL 32433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INFINGER, ROBERT 654 LAKESIDE DR. DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 475 SHORE DR MIRAMAR Bch FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSHING, PAUL 320 RUSHING CT. DEFUNIAK SPRINGS, FL 32433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, SA 3707 US HWY. 90 E. DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 76 SANDYS POND LN. DEFUNIAK SPRINGS FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Robert Infinger</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	7-6-04 504-259-0326 Date Daytime Phone #