


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000102484	
1. Entity Name TEAM CONSTRUCTION CORP.	

Principal Place of Business 3500 SW CORPORATE PKWY. PALM CITY, FL 34990	Mailing Address 3500 SW CORPORATE PKWY. SUITE 103 PALM CITY, FL 34990
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DO NOT WRITE IN THIS SPACE

03272008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0798479	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SABIN, CHARLES H
3500 SW CORPORATE PKWY.
PALM CITY, FL 34990

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000884051 04/17/08-80028-011 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT EJUPS, ALDIS 3500 SW CORPORATE PKWY. PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SABIN, CHARLES H 3500 SW CORPORATE PKWY. PALM CITY, FL 34990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Charles H. Sabin 4-3-08 772-283-8400

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