


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90367 006 \*\*\*150.00

**DOCUMENT # P99000011698**

1. Entity Name  
**TOTAL CONSTRUCTION MANAGEMENT, INCORPORATED**



Principal Place of Business      Mailing Address  
**515 5TH STREET SW**      **515 5TH STREET SW**  
**WINTER HAVEN, FL 33880**      **WINTER HAVEN, FL 33880**      **US**      **US**

50041592



2. Principal Place of Business      3. Mailing Address  
**5754 SR 542 West**      **5754 SR 542 West**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite #4**      **Suite #4**

04142005      Chg-P      CR2E034 (10/03)

City & State      City & State  
**Winter Haven, FL**      **Winter Haven, FL**

4. FEI Number      Applied For  
**59-3560350**       Not Applicable

Zip      Country      Zip      Country  
**33880**      **USA**      **33880**      **USA**

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

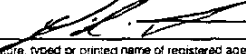
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAXTER, H R**  
**515 5TH STREET SW**  
**WINTER HAVEN, FL 33880**

Name  
**H.R. Baxter**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5754 SR 542 West Suity #4**  
 City      Zip Code  
**Winter Haven, FL**      **33880**

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:       4-15-05  
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, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BAXTER, HAROLD R 515 5TH STREET SW WINTER HAVEN, FL 33880 <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	VPD HATMAKER, GARY 515 5TH STREET SW WINTER HAVEN, FL 33880 <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	D LITTLES, MICHAEL 515 5TH STREET SW WINTER HAVEN, FL 33880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeffrey Todd Albaugh 5754 SR 542 West Suite #4 Winter Haven, FL 33880 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANCOCK, TRINA BAXTER 515 5TH STREET SW WINTER HAVEN, FL 33880 <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
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:       4/15/05      803 965 0087  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #