

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90054 038 \*\*\*150.00

**DOCUMENT # P99000091380**

1. Entity Name

T & D CONSTRUCTION OF JACKSONVILLE, INC.



Principal Place of Business

4231 SAN BERNADO  
JACKSONVILLE, FL 32217

Mailing Address

4231 SAN BERNADO  
JACKSONVILLE, FL 32217

20012512



2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3605334

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

MILLER, DAVID  
4231 SAN BERNADO  
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-05

**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

TITLE PD ☐ Delete  
NAME MILLER, DAVID SCOTT  
STREET ADDRESS 4231 SAN BERNADO  
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE VD ☐ Delete  
NAME DECROSTA, THOMAS EDWARD  
STREET ADDRESS 4371 WINDERGATE DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE S ☐ Delete  
NAME SHIRLEY, DAWN MICHELLE  
STREET ADDRESS 4371 WINDERGATE DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE T ☐ Delete  
NAME DECROSTA, BETHANY E  
STREET ADDRESS 4371 WINDERGATE DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-05 904-591-5553