

Apr 27 06 02:40p

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90399 002 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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	
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>Same as above</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3605334		Applied For Not Applicable	
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 <i>Same N/A</i> 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 _____ (NOT: Registered Agent's 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 NAME STREET ADDRESS CITY - ST - ZIP	PD MILLER, DAVID SCOTT 4231 SAN BERNADO JACKSONVILLE, FL 32217 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DECROSTA, THOMAS EDWARD 4371 WINDERGATE DRIVE JACKSONVILLE, FL 32223 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHIRLEY, DAWN MICHELLE 4371 WINDERGATE DRIVE JACKSONVILLE, FL 32223 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Secretary</i> <i>Dawn Michelle Shirley-Miller</i> <i>4231 San Bernado Dr.</i> <i>Jacksonville, FL 32217</i> ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DECROSTA, BETHANY E 4371 WINDERGATE DRIVE JACKSONVILLE, FL 32223 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: <i>Dawn Michelle Shirley-Miller</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4-26-06</i> Daytime Phone # <i>904-334-7068</i>	