

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102022

FILED
Mar 10, 2008
Secretary of State

Entity Name: C & T DESIGN AND CONSTRUCTION, INC.

Current Principal Place of Business:

1891 CAPITAL CIRCLE N.E.
SUITE 5
TALLAHASSEE, FL 32308

New Principal Place of Business:

1429 COVEY RIDE ST. W.
TALLAHASSEE, FL 32312

Current Mailing Address:

1891 CAPITAL CIRCLE N.E.
SUITE 5
TALLAHASSEE, FL 32308

New Mailing Address:

1429 COVEY RIDE ST. W.
TALLAHASSEE, FL 32312

FEI Number: 59-3610556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONE, CECIL
1429 COVEY RIDE ST., WEST
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: CONE, TAMMY
Address: 1429 COVEY RIDE ST., WEST
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: PD () Delete
Name: CONE, CECIL
Address: 1429 COVEY RIDE ST., WEST
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: S () Delete
Name: DAVIS, CARANN K
Address: 3252 LORD MURPHY TL.
City-St-Zip: TALLAHASSEE, FL 32309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GORDON CECIL CONE

PD

03/10/2008

Electronic Signature of Signing Officer or Director

Date