



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

06 MAY 22 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ASC

<b>DOCUMENT # V43855</b> 1. Entity Name TIDEWATER TOWNHOMES, INC.					
Principal Place of Business <del>596 N. MERIDIAN ROAD</del> TALLAHASSEE, FL 32303 US			Mailing Address <del>536 FRANK SHAW ROAD</del> TALLAHASSEE, FL 32312 US		
2. Principal Place of Business <i>2005 N. Meridian Rd</i> Suite, Apt. #, etc.		3. Mailing Address <i>514 Frank Shaw Rd</i> Suite, Apt. #, etc.			
City & State <i>Tallahassee FL</i>		City & State <i>Tallahassee, FL</i>		4. FEI Number 59-3127529	
Zip <i>32312</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CHANDLER, PORTER E <del>536 FRANK SHAW ROAD</del> TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name <i>Chandler, Porter E.</i> Street Address (P.O. Box Number is Not Acceptable) <i>514 Frank Shaw Rd</i> City <i>Tallahassee</i> FL Zip Code <i>32312</i>	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>5/22/06</i>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P CHANDLER, PORTER E <del>536 FRANK SHAW RD</del> TALLAHASSEE, FL 32312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000075574160 05/31/06--01053--017 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Chandler, Porter E.</i> <i>514 Frank Shaw Rd</i> <i>Tallahassee, FL 32312</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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 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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>5/22/06</i> Daytime Phone # <i>545-8491</i>		