


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # V54149		
1. Entity Name TDS CONSTRUCTION, INC.		
Principal Place of Business 4239 63RD ST. WEST BRADENTON, FL 34209	Mailing Address 4239 63RD ST. WEST BRADENTON, FL 34209	



02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0351478	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHERER, DAVID K 4239 63RD ST. WEST BRADENTON, FL 34209	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

U000000927247
05/20/08-80097-014 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDTS SCHERER, DAVID K 4239 63RD STREET WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STRANGE, SHIRLEY 4239 63RD STREET WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO BOWER, TAMMY 305 BRYN MAWR ISLAND BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SCHERER, TERRIL 4239 63RD ST WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08

Date

941-795-6100

Daytime Phone #