


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State


01-26-2005 90001 039 ***150.00

DOCUMENT # 404961
 1. Entity Name
K & S CONTRACTORS, INC.



Principal Place of Business: **514 ANCLOTE ROAD, TARPON SPRINGS FL 34689-6701 US**
 Mailing Address: **514 ANCLOTE ROAD, TARPON SPRINGS FL 34689-6701 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

40006312

 1st MOORE CR2E034 (10/04)
 4. FEI Number **59-1401911** Applied For / Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WOLFE, JOE R. PA
 16 N. FT HARRISON AVE.
 CLEARWATER FL 33515**

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHIMKAT, RONALD E.	
STREET ADDRESS	1247 RIDGEGROVE DR. S.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHIMKAT, BETTY A.	
STREET ADDRESS	1247 RIDGEGROVE DR. S.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BITTLE, MARK	
STREET ADDRESS	30233 ELAM ROAD	
CITY-ST-ZIP	WESLEY CHAPEL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	325 West Gate Road	
CITY-ST-ZIP	Tarpon Springs, Fla. 34688	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	325 West Gate Road	
CITY-ST-ZIP	Tarpon Springs, Fla. 34688	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Dennis A. Schimkat* Jan. 20, 2005 727-938-2528
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #