

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 AM
Secretary of State



DOCUMENT # 404961

1. Entity Name
K & S CONTRACTORS, INC.

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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State Zip Country
 City & State Zip Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 NAME STREET ADDRESS CITY-STATE-ZIP | PD SCHIMKAT, RONALD E. 325 WEST GATE ROAD TARPON SPRINGS FL 34688 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | STD SCHIMKAT, BETTY A 325 WEST GATE ROAD TARPON SPRINGS FL 34688 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | V BITTLE, MARK 30233 ELAM ROAD WESLEY CHAPEL FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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 01/26/07-80073-012 157.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Betty A. Schimkat **BETTY A. SCHIMKAT** 1-23-07 (727) 938-2528
Signature and typed or printed name of signing officer or director Date Daytime Phone #