

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 404961</b>	
1. Entity Name <b>K &amp; S CONTRACTORS, INC.</b>	

Principal Place of Business <b>514 ANCLOTE ROAD TARPON SPRINGS FL 34689-6701 US</b>	Mailing Address <b>514 ANCLOTE ROAD TARPON SPRINGS FL 34689-6701 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number <b>59-1401911</b>	Applied For <input type="checkbox"/>
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>WOLFE, JOE R. PA 16 N. FT HARRISON AVE. CLEARWATER FL 33515</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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, Street address and city, if applicable. (NOTE: Registered Agent's name requires whole name only))

**FILE NOW!!!, FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHIMKAT, RONALD E. <input type="checkbox"/> Delete 325 WEST GATE ROAD TARPON SPRINGS FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHIMKAT, BETTY A <input type="checkbox"/> Delete 325 WEST GATE ROAD TARPON SPRINGS FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BITTLE, MARK <input type="checkbox"/> Delete 30233 ELAM ROAD WESLEY CHAPEL FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000834266  
 02/28/08-80046-016-150.00

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 Schimkat Date: Feb 18, 2008 Filing Fee: 727.938-2528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee