


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90019 028 \*\*\*550.00

**DOCUMENT # P01000047462**

1. Entity Name  
**CLASS A CONTRACTING, INC.**



Principal Place of Business  
**2307 9TH ST. E  
 BRADENTON, FL 34208**

Mailing Address  
**1810 6TH AVE. W.  
 BRADENTON, FL 34205**

2. Principal Place of Business  
**1810 6th Ave. W.**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**BRADENTON, FL.**

City & State

Zip  
**34205**

Country  
**U.S.A.**



4. FEI Number  
**65-1111153**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**AHLQUIST, RICHARD D ESQ  
 2088 HAWTHORNE ST  
 SARASOTA, FL 34239**

7. Name and Address of New Registered Agent

Name  
**Ahlquist, Richard D Esq.**

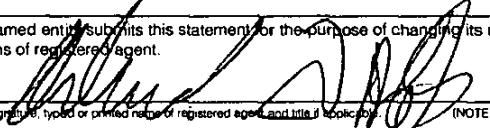
Street Address (P.O. Box Number is Not Acceptable)  
**4509 Bee Ridge Rd.**

Unit D

City  
**Sarasota**

FL Zip Code  
**34233**

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: **7-7-06**

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

**FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COOK, BRADLEY W 1810 6TH AVE W BRADENTON, FL 34205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALKHAM, CYNTHIA 1810 6TH AVE W BRADENTON, FL 34205	<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
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

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:  DATE: **7-2-06** DAYTIME PHONE #: **941-812-2761**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Bradley W. Cook*