FILED
Jun 07, 2004 8:00 am
Secretary of State

05-05-2004 90200 033 ***150.00

5/5/2

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000097778

1. Entity Name
COVENANT CONTRACTING, INC.

Principal Place of Business
~~100 INDUSTRIAL CIRCLE~~
~~SEBASTIAN, FL 32958~~

Mailing Address
PO BOX 70
WINTER BEACH, FL 32971

66427017

2. Principal Place of Business ~~6770 49th ST.~~		3. Mailing Address PO BOX 70	
Suite, Apt. #, etc. 505 BEACHLAND BLVD. Vero Beach FL 32963		Suite, Apt. #, etc. 32963	
City & State Vero Beach FL		City & State Winter Beach FL	
Zip 32963	Country	Zip 32971	Country

04272004 Chg-P CR2E034 (10/03)

4. FEI Number 36-4508048 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASALINO, GREGG M
3111 CARDINAL DR
VERO BEACH, FL 32963

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT ROUX, GARY P O BOX 70 WINTER PARK, FL 32971	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT ROUX, GARY ~~P.O. BOX 70~~ ~~WINTER BEACH, FL~~ 32971	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS ROUX, CARMELLA P O BOX 70 WINTER PARK, FL 32971	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DVS~~ ROUX, CARMELLA ~~P.O. BOX 70~~ ~~WINTER BEACH,~~ FL 32971 NEW	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #