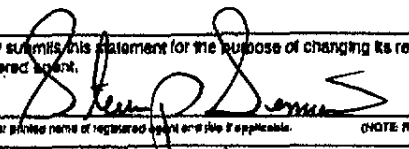
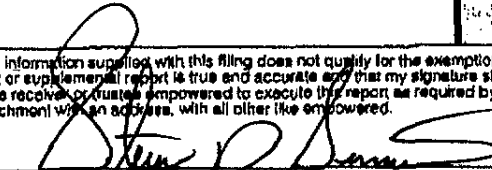


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000024034																																										
1. Entity Name SESSIONS CONTRACTORS GROUP, INC.																																										
Principal Place of Business P.O. BOX 30191 PENSACOLA, FL 32503		Mailing Address P.O. BOX 30191 PENSACOLA, FL 32503																																								
DO NOT WRITE IN THIS SPACE																																										
8. Name and Address of Current Registered Agent SESSIONS, STEVE P 8443 NAVARRE PKWAY NAVARRE, FL 32568		 02242005 No Chg-P CR2E034 (10/03) 4. FEI Number 43-2006686 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																								
9. 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 fee if applicable. (NOTE: Registered Agent signature required when re-issuing)		DO NOT WRITE IN THIS SPACE DATE: 2-24-05																																								
		FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P</td> </tr> <tr> <td>NAME</td> <td>SESSIONS, STEVEN P</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 30191</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PENSACOLA, FL 32503</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	P	NAME	SESSIONS, STEVEN P	STREET ADDRESS	PO BOX 30191	CITY-ST-ZIP	PENSACOLA, FL 32503	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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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 and typed or printed name of officer or director																																										
Date: 2-24-05 Daytime Phone #: 850-393-4416		U000000244548 02/26/05-80023-022 150.00 DO NOT WRITE IN THIS SPACE																																								