

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000125527

FILED
Feb 07, 2005
Secretary of State

Entity Name: LICKITY SPLIT CONTRACTORS, INC.

Current Principal Place of Business:

420 EAST WARREN AVENUE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

420 EAST WARREN AVENUE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-1554103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRIDGES, MICHAEL C
420 EAST WARREN AVENUE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: BRIDGES, MICHAEL C
Address: 420 EAST WARREN AVE
City-St-Zip: LONGWOOD, FL 32750 US

Title: VICE () Change (X) Addition
Name: BRIDGES, KRISTOPHER A
Address: 2300 STONE STREET
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL C BRIDGES

PRES

02/07/2005

Electronic Signature of Signing Officer or Director

Date