## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT **FILED DOCUMENT # 680353** Mar 02, 2005 08:00 AM 1. Entity Name **Secretary of State** CENTER CONTRACTING CORPORATION Principal Place of Business Mailing Address 120 INTERNATIONAL PARKWAY 120 INTERNATIONAL PARKWAY **SUITE 262** SUITE 262 HEATHROW, FL 32746 HEATHROW, FL 32746 CR2E034 (10/03) No Chg-P 02242005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2011992 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EVANS, EDWARD A, III DO NOT WRITE 207 CLERMONT RD LAKE MARY, FL 32746 IN THIS SPACE 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 reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE EVANS, EDWARD A III NAME U00000248250 03/02/05-80021-004 150.00 STREET ADDRESS 207 CLERMONT RD LAKE MARY, FL 32746 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 orders, with all their like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/05 Date 407 -333-2300 Daytime Prone #