
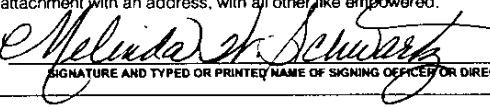


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90327 044 ***150.00

DOCUMENT # 326810 1. Entity Name I.T.E. CONTRACTORS AND RENTAL, INC.					
Principal Place of Business 3796 HWY 297A CANTONMENT, FL 32533			Mailing Address 3796 HWY 297A CANTONMENT, FL 32533		
2. Principal Place of Business - No P.O. Box # 411 Beck's Lake Rd Suite, Apt. #, etc.		3. Mailing Address 411 Beck's Lake Rd Suite, Apt. #, etc.			
City & State Cantonment, FL		City & State Cantonment, FL		4. FEI Number 59-1205771	
Zip 32533		Country Escambia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKELTON, A.R. 3796 HWY 297A CANTONMENT, FL 32533			7. Name and Address of New Registered Agent Name Schwartz, Melinda W. Street Address (P.O. Box Number is Not Acceptable) 411 Beck's Lake Rd City Cantonment FL Zip Code 32533		
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  04.12.07 <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P SKELTON, A.R. 3796 HWY 297A CANTONMENT, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SKELTON, JO ANN 3796 HWY 297A CANTONMENT, FL	<input checked="" type="checkbox"/> Delete			
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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:  Melinda W. Schwartz 04.12.07 850.572.0209 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					