

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # 404961

1. Entity Name
K & S CONTRACTORS, INC.



Principal Place of Business
**514 ANCLOTE ROAD
TARPON SPRINGS, FL 34689-6701 US**

Mailing Address
**514 ANCLOTE ROAD
TARPON SPRINGS, FL 34689-6701 US**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1401911

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOLFE, JOE R. PA
16 N. FT HARRISON AVE.
CLEARWATER, FL 33515**

**DO NOT WRITE
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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHIMKAT, RONALD E.
STREET ADDRESS	325 WEST GATE ROAD
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	STD
NAME	SCHIMKAT, BETTY A
STREET ADDRESS	325 WEST GATE ROAD
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	V
NAME	BITTLE, MARK
STREET ADDRESS	30233 ELAM ROAD
CITY-ST-ZIP	WESLEY CHAPEL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/06-80003-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-06

Date

727-938-2528

Daytime Phone #