## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

## Mar 01, 2005 8:00 am **Secretary of State DOCUMENT # 407114** 1. Entity Name 03-01-2005 90070 045 \*\*\*150.00 E & S CONTRACTORS, INC. Mailing Address Principal Place of Business **PO BOX 510 PO BOX 510** KATHLEEN FL 33849 KATHLEEN FL 33849 US 2. Principal Place of Business 3. Mailing Address 5650 C.R. 630 5650 C.R. 630 E. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number 59-1451647 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Vans EVANS, BUCK 3210 STRICKLAND RD dress (P.O. Box Number is Not Acceptable) AMORYL LAKELAND FL 33809 8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. SVD THILE TITLE ■ Addition Delete Evans, Violet P.O. Box 7005 EVANS, VIOLET NAME NAME STREET ADDRESS 3210 STRICKLAND RD STREET ADDRESS Andian take Estates, Fl. CITY-ST-ZIP LAKELAND, FL 00000 CITY-ST-ZIP TITLE ☐ Delete Evans, Buck P. O. BOX 7005 EVANS, BUCK NAME STREET ADDRESS 3210 STRICKLAND RD STREET ADDRESS LAKELAND, FL 00000 CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TATLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filling 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

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