


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 608647 1. Entity Name PARIS CONTRACTING, INC.			
Principal Place of Business 3755 W LAKE HAMILTON DR WINTER HAVEN, FL 33881 US		Mailing Address 3755 W LAKE HAMILTON DR WINTER HAVEN, FL 33881 US	
DO NOT WRITE IN THIS SPACE			
		01122004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1877346	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARIS, DONALD M 1625 CRUMP RD. WINTER HAVEN, FL 33881		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PARIS, LINDA S 1625 CRUMP ROAD WINTER HAVEN, FL	U000000012322 01/26/01-80004-024 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PARIS, DONALD M 1625 CRUMP ROAD WINTER HAVEN, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DONALD M. PARIS PRESIDENT Jan. 21, 2004 863/299-9455 Date Daytime Phone #	