

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847316

FILED  
Jan 09, 2006  
Secretary of State

Entity Name: YONKERS CONTRACTING COMPANY, INC.

**Current Principal Place of Business:**

969 MIDLAND AVENUE  
ATTN: J.L. SAGARIA  
YONKERS, NY 10704

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 39  
ATTN: J.L. SAGARIA  
YONKERS, NY 10704

**New Mailing Address:**

FEI Number: 13-2981331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI, FL 331560000 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PETRILLO, CARL E  
Address: 969 MIDLAND AVENUE  
City-St-Zip: YONKERS, NY 10704

Title: VP ( ) Delete  
Name: SAGARIA, JOSEPH L  
Address: 969 MIDLAND AVENUE  
City-St-Zip: YONKERS, NY 10704

Title: S ( ) Delete  
Name: CONNELLY, PAUL B  
Address: 969 MIDLAND AVENUE  
City-St-Zip: YONKERS, NY 10704

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SEHNERT, PAUL A  
Address: 969 MIDLAND AVENUE  
City-St-Zip: YONKERS, NY 10704

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH L SAGARIA

VP

01/09/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date