


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90692 019 ***150.00

DOCUMENT # F01000003232 1. Entity Name THREE SISTERS CONTRACTING, INC.					
Principal Place of Business 1083 N COLLIER BLVD #275 MARCO ISLAND, FL 34145			Mailing Address 1083 N COLLIER BLVD #275 MARCO ISLAND, FL 34145		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 38-3004563				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VERNOT, LORRIE 129 LEEWARD CT MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent Name VERNOT, LORRIE Street Address (P.O. Box Number is Not Acceptable) 967 IRIS CT City MARCO ISLAND FL Zip Code 34145		
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 LORRIE VERNOT <i>Lorrie Vernet</i> (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VERNOT, LORRIE 1083 N COLLIER BLVD. #275 MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	967 IRIS CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, GREGORY 1083 N COLLIER BLVD. #275 MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	967 IRIS CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: LORRIE VERNOT <i>Lorrie Vernet</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date _____ Daytime Phone # 239-394-1640	