2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2011
Secretary of State

DOCUMENT# F04000006829

Entity Name: CONTINENTAL CONTRACTORS OF MD, INC.

Current Principal Place of Business:

410 SEVERN AVE, STE 410
ANNAPOLIS, MD 21403

New Principal Place of Business:

Current Mailing Address:

410 SEVERN AVE, STE 410
ANNAPOLIS, MD 21403

New Mailing Address:

FEI Number: 33-1063235 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: PSD
Name: WELCH, PETER B
Address: 410 SEVERN AVE., STE 410
City-St-Zip: ANNAPOLIS, MD 21403

Title: S
Name: WELCH, TRACY B
Address: 410 SEVERN AVE., STE 410
City-St-Zip: ANNAPOLIS, MD 21403

Title: D
Name: MOORE, CHARLES W
Address: 410 SEVERN AVE., STE 410
City-St-Zip: ANNAPOLIS, MD 21403

Title: D
Name: HANDY, PETER
Address: 410 SEVERN AVE., STE 410
City-St-Zip: ANNAPOLIS, MD 21403

Title: D
Name: CROZIER, ROBERT
Address: 410 SEVERN AVE, STE 410
City-St-Zip: ANNAPOLIS, MD 21403

Title: D
Name: SIPPEL, ROBYN
Address: 410 SEVERN AVE, STE 410
City-St-Zip: ANNAPOLIS, MD 21403

I hereby 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 all other like empowered.

SIGNATURE: ROBYN F. SIPPEL D 04/05/2011

Electronic Signature of Signing Officer or Director Date