## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# G36600

Entity Name: CASE CONTRACTING COMPANY

FILED Jun 08, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
2311 TURKEY CREEK RD. PLANT CITY, FL 335660059 US						
Current Mailing Address:			New Maili	New Mailing Address:		
2311 TURKEY CREEK RD. PLANT CITY, FL 335660059 US						
FEI Number: 36-3237998 FEI Number Applied For ( ) FEI Num			FEI Number Not App	nber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CHRISTENSEN, CHARLES L CHAIRMN 2311 TURKEY CREEK ROAD PLANT CITY, FL 33566 US						
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V () FORTUNE, JAM P.O. BOX 4288 PLANT CITY, FL		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	S/T () BUYENS, CONN 709 SANDALWO PLANT CITY, FL	OOD DRIVE	Title: Name: Address: City-St-Zip:	BENZRIHEM	ERBRIDGE DRIVE	
Title: Name: Address: City-St-Zip:	P () WALKER, TIMO 2009 CURRY RO LUTZ, FL 33549	DAD	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	SPACK, STEPH 6824 AXELROD		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () CHRISTENSEN, 13607 N. MCINT THONOTOSASS	OSH RD	Title: Name: Address: City-St-Zip:	CHRISTENS 13607 N. MC	(X) Change()Addition EN, CHARLES L :INTOSH RD ASSA, FL 33566	
Title: Name: Address: City-St-Zip:	VP () KIRKWOOD, KE 1001 N ROUX S PLANT CITY, FL	TREET	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES L CHRISTENSEN D 06/08/2009