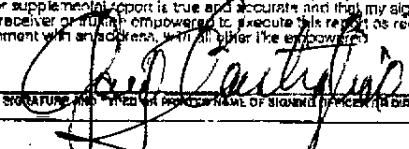


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # H43321 1. Entity Name NIAGARA CONTRACTING SERVICE, INC.		
Principal Place of Business % GARY CASTIGLIONE 3065 C. ROAD LOXAHATCHEE, FL 33470		Mailing Address % GARY CASTIGLIONE 3065 C. ROAD LOXAHATCHEE, FL 33470
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CASTIGLIONE, GARY 3065 C. ROAD LOXAHATCHEE, FL 33470		DO NOT WRITE IN THIS SPACE
11. This 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 _____ Signature, print or printed name of registered agent and the if applicable (NOTE: Registered Agent Signature required with FARMER)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DATE 04/28/04-80058-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT CASTIGLIONE, GARY 3065 C. ROAD LOXAHATCHEE, FL 33470	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 in person; that I am an officer or director of the corporation or the receiver or agent 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 the information.		
SIGNATURE:  SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/24/04 561-329-9086 Date Signature Phone