2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2005 08:00 AM DOCUMENT # H77511 **Secretary of State** 1. Entity Name REITER CONTRACTING COMPANY Principal Place of Business Mailing Address 22904 GREENVIEW TERR 22904 GREENVIEW TERR **BOCA RATON FL 33433** BOCA RATON FL 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite Apt. # etc 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 59-2645306 Not Applicable Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REITER, WILLIAM J. Street Address (P.O. Box Number is Not Acceptable) 22904 GREENVIEW TERR **BOCA RATON FL. 33433** Zip Code 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VΡ HILE TITLE 🗀 Deiete П Сћапое Addition NAME REITER, DANIEL W NAME U00000204713 22904 GREENVIEW TERRACE STREET ADDRESS STREET ADDRESS 01/31/05-80016-013 150.00 CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP DP Delete TITLE Addition TITLE ☐ Change NAME REITER, WILLIAM J NAME STREET ADDRESS 22904 GREENVIEW TERRACE STREET ADDRESS CITY - ST - 7IP **BOCA RATON FL 33433** CHY-SI-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THE ☐ Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete HILE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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)(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:

| 1/27/05 56/3922740|

SIGNING OFFICER OR DIRECTOR