
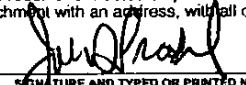


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90028 049 \*\*\*158.75

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # J10719</b><br>1. Entity Name<br><b>CANCO GENERAL CONTRACTORS, INC.</b>   |   |   |  |   |  |
| Principal Place of Business<br><b>5407 BORAN PLACE<br/>TAMPA, FL 33610-2012 US</b>   |   |   | Mailing Address<br><b>5407 BORAN PLACE<br/>TAMPA, FL 33610-2012 US</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>2502 Frontage Park Place</b><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>2502 Frontage Park Place</b><br>Suite, Apt. #, etc.  |  |  |  |
| City & State<br><b>Plant City, FL</b>  |   | City & State<br><b>Plant City, FL</b>   |  | 4. FEI Number<br><b>59-2665182</b>   |  |
| Zip<br><b>33563</b>  |   | Country<br><b>USA</b>   |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                               |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PRAHL, JOHN D<br/>5407 BORAN PLACE<br/>TAMPA, FL 33610</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>John D. Prah</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2502 Frontage Park Place</b><br>City <b>Plant City</b> <b>FL</b> Zip Code <b>33563</b> |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PVTD<br/>PRAHL, JOHN D.<br/>5407 BORAN PLACE<br/>TAMPA, FL</b> <input type="checkbox"/> Delete       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>2502 Frontage Park Place<br/>Plant City, FL 33563</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>MASON, LAWRENCE C<br/>5407 BORAN PLACE<br/>TAMPA, FL 33610</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>2502 Frontage Park Place<br/>Plant City, FL 33563</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained 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 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. |   |   |  |  |  |
| <b>SIGNATURE:</b>   |   |   | <b>John D. Prah</b>  |  | <b>1-17-08</b>                         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   | Date   |  | <b>813-750-1222</b><br>Daytime Phone # |

40000000



01092008 Chg-P CR2E034 (12/06)