

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K61008

FILED
Jan 20, 2004
Secretary of State

Entity Name: STL CONTRACTING, INC.

Current Principal Place of Business:

3010 SADDLE CREEK RD.
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

3010 SADDLE CREEK RD.
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-2937874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PUTNAM, THOMAS B JR
141 5TH STR NW
STE 300
WINTER HAVEN, FL 33881 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LYONS, DAVID P.,
Address: 1320 S LAKE MIRROR DR. NW
City-St-Zip: WINTER HAVEN, FL

Title: D () Delete
Name: LYONS, CONSTANCE W.,
Address: 1320 S LAKE MIRROR DR. NW
City-St-Zip: WINTER HAVEN, FL

Title: D () Delete
Name: LYONS, THOMAS D.,
Address: 1340 S LAKE MIRROR DR
City-St-Zip: WINTER HAVEN, FL

Title: D () Delete
Name: THORNTON, WILLIAM SC, OTT
Address: 1151 INTERLOCHEN BLVD
City-St-Zip: WINTER HAVEN, FL 32884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM SCOTT THORNTON

D

01/20/2004

Electronic Signature of Signing Officer or Director

Date