

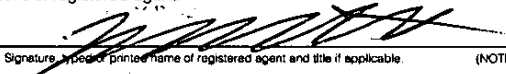
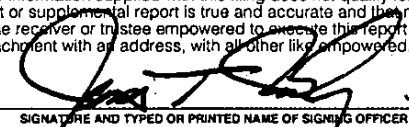


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L22501 1. Entity Name CONTINENTAL CONSTRUCTION OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 1150 CENTRAL AVE NAPLES, FL 34102 US			Mailing Address 1150 CENTRAL AVE SUITE F NAPLES, FL 34102 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 10172005 Chg-P CR2E034 (10/03)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 65-0154112		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				11/ 9 /05	
6. Name and Address of Current Registered Agent COLEMAN, KEVIN G 4001 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103					
7. Name and Address of New Registered Agent Name Jeff M. Novatt, Esq. Street Address (P.O. Box Number is Not Acceptable) 821 Fifth Avenue South Suite 201 City Naples FL Zip Code 34102					
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  DATE					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE V <input type="checkbox"/> Delete NAME DUNCAN, AYLES STREET ADDRESS 1150 CENTRAL AVE CITY-ST-ZIP NAPLES, FL 34102		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 800061552898 STREET ADDRESS 11/18/05--01053--015 CITY-ST-ZIP **61.25		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DPST STREET ADDRESS Murphy, James T. CITY-ST-ZIP 1150 Central Avenue Naples, Florida 34102	
TITLE <input type="checkbox"/> Delete NAME DP STREET ADDRESS MURPHY, JAMES T CITY-ST-ZIP 1150 CENTRAL AVE NAPLES, FL 34102		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: 		James T. Murphy, President		11/ 9 /05 (239) 434-8437	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA