




2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M89373 1. Entity Name STATHAS CONTRACTING, INC.						FILED 04 OCT 18 PM 1:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA 			
Principal Place of Business 1705 SW 44TH TERR CAPE CORAL, FL 33914				Mailing Address 1705 SW 44TH TERR CAPE CORAL, FL 33914					
2. Principal Place of Business		3. Mailing Address		05172004 Chg-P CR2E034 (10/03)		4. FEI Number 65-0059563		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent			
STATHAS, ALEXANDER N. 1705 SW 44TH TERR CAPE CORAL, FL 33914						Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____									
Amended AR is \$61.25				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE D <input checked="" type="checkbox"/> Delete NAME STATHAS, ALEXANDER N. STREET ADDRESS 16102 FLAGG POND LANE CITY-ST-ZIP NO. FT. MYERS, FL 33917					TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 500041939475 STREET ADDRESS 10/18/04--01070--008 CITY-ST-ZIP **61.25				
TITLE D <input type="checkbox"/> Delete NAME STATHAS, ALEXANDER N STREET ADDRESS 1705 SW 44TH TERRACE CITY-ST-ZIP CAPE CORAL, FL 33914					TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME PDS STREET ADDRESS STATHAS, ALEXANDER N. CITY-ST-ZIP 1705 SW 44TH TERRACE CAPE CORAL, FL 33914				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP					TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME VD STREET ADDRESS STATHAS, EDWARD E. CITY-ST-ZIP 1705 SW 44TH TERRACE CAPE CORAL, FL 33914				
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"/> 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:  Alexander N Stathas 11/4/04 239-770-4993 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>									