


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90031 021 \*\*\*158.75

|                           |   |
|---------------------------|---|
| <b>DOCUMENT # M89373</b>  |  |
| 1. Entity Name            |   |
| STATHAS CONTRACTING, INC. |   |

|  |  |
|--|--|
| Principal Place of Business              | Mailing Address                          |
| 1705 SW 44TH TERR<br>CAPE CORAL FL 33914 | 1705 SW 44TH TERR<br>CAPE CORAL FL 33914 |

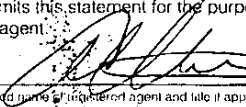


|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| 6430 River Club CT             | 6430 River Club CT  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| N. Fort Myers                  | N. Fort Myers       |
| City & State                   | City & State        |
| FL 33917 Lee                   | FL 33917 Lee        |
| Zip                            | Country             |
|                                |                     |

1st MOORE CR2E034 (10/05)

|  |                                |
|--|--------------------------------|
| 4. FEI Number  | Applied For                    |
| 65-0059563   | Not Applicable                 |
| 5. Certificate of Status Desired                                       | \$8.75 Additional Fee Required |
| <input checked="" type="checkbox"/>                                    |                                |
| 6. Name and Address of Current Registered Agent                        |                                |
| STATHAS, ALEXANDER N.<br>1705 SW 44TH TERR<br>CAPE CORAL FL 33914      |                                |
| 7. Name and Address of New Registered Agent                            |                                |
| Name: STATHAS, ALEXANDER N.  |                                |
| Street Address (P.O. Box Number is Not Acceptable): 6430 River Club CT |                                |
| City, State, Zip: N. Fort Myers FL 33917                               |                                |

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: 2/6/06

(NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>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                      | PSTD                  | TITLE   | PSTD                   |
| NAME                       | STATHAS, ALEXANDER N. | NAME  | STATHAS ALEXANDER N    |
| STREET ADDRESS             | 1705 SW 44TH TERRACE  | STREET ADDRESS  | 6430 River Club CT     |
| CITY-ST-ZIP                | CAPE CORAL FL 33914   | CITY-ST-ZIP   | N. Fort Myers FL 33917 |
| TITLE                      | VD                    | TITLE   |                        |
| NAME                       | STATHAS, EDWARD E     | NAME  |                        |
| STREET ADDRESS             | 1705 SW 44TH TERR     | STREET ADDRESS  |                        |
| CITY-ST-ZIP                | CAPE CORAL FL 33914   | CITY-ST-ZIP   |                        |
| TITLE                      |                       | TITLE   |                        |
| NAME                       |                       | NAME  |                        |
| STREET ADDRESS             |                       | STREET ADDRESS  |                        |
| CITY-ST-ZIP                |                       | CITY-ST-ZIP   |                        |
| TITLE                      |                       | TITLE   |                        |
| NAME                       |                       | NAME  |                        |
| STREET ADDRESS             |                       | STREET ADDRESS  |                        |
| CITY-ST-ZIP                |                       | CITY-ST-ZIP   |                        |
| TITLE                      |                       | TITLE   |                        |
| NAME                       |                       | NAME  |                        |
| STREET ADDRESS             |                       | STREET ADDRESS  |                        |
| CITY-ST-ZIP                |                       | CITY-ST-ZIP   |                        |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:  DATE: 2/6/06 DAYTIME PHONE: 239 770-4993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR