ANNUAL REPORT (AR)

DOCUMENT # M89373 1. Entity Namo

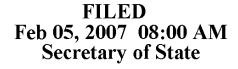
STATHAS CONTRACTING, INC.



Principal Place of Business
6430 RIVER CLUB CT
NORTH FORT MYERS FL 33917

Mailing Address

6430 RIVER CLUB CT



NORTH FORT MYERS FL 33917				NORTH FORT MYERS FL 33917							
2. Principal P	lace of Busin	noss - No P.O Box #	3. Mail	3. Mailing Address							
Suito, Apt.	#, otc.		Suite	Suite, Apt. #, otc.				1st MOORE CR2E034 (10/06)			
City & State	.c		City	City & State			4. FEI Numb	oor 65-0059563	⊢	Applied For Not Applicable	
Zıp	Country			Zíp Cour		try	5. Cortificate of Status Desired		S8.75 Additional Fee Required		
	6. Name	and Address of Current	Realstere	ed Agent		Γ	7. Name and	d Address of New Register	<u>`</u>		
STATHAS, ALEXANDER N.						Name					
6430 RIVER CLUB CT NORTH FORT MYERS FL 33917					Stroot Addross (P.O. Box Number is Not Acceptable)						
Nomini on witcher 2 330 %											
						City			Zip Co		
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											
Signature, grado di untrido name di registerido agent ano tine i sapprodora. (MOTE: neglastero Agent arginature redutaro when remalatura)) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Final Trust Fund Contribution		5.00 May Be dded to Fees	
							ADDITIONS	I S/CHANGES TO OFFICERS A	NID DIRECTO	DRS IN 11	
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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 eath; 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:

AME OF SIGNING OFFICER OR DIRECTOR

2/1/07 Date 239-770-499 3