2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Aug 10, 2005 8:00 am Secretary of State

1. Entity Nam	VIENT # N37868 ORT CONTRACTORS ASS	OCIATION, INC.			O	8-10-2005 9	90016 013 *	****61.:	25	
Principal Place of Business				L 34287		REEN 18118 B1181 1817	50060		18) 8) (18)	
Principal Place of Business 3. Ma		3. Mailing Address	ailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		05202005 C	hg-NP	CR2E037 (1	10/03)		
City & State		City & State	City & State		4. FEI Number 65-021135	57			olied For Applicable	
Žip	Country Zip		Cou	intry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current F	legistered Agent			7. Name and Add	ress of New R	legistered Ager	nt		
MELLOR,		,		Name Street Address	(P.O. Boy Number in	Not Accortable	2)			
13801 S TAMIAMI TRAIL NORTH PORT, FL 34287				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code		
SIGNATURE .	ions of registered agent. Signature, typed or printed name of registered agent a			d Agent signature require	ed when reinstating)		DATE			
Di	Filing Fee is \$61.25 ue by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIREC	TORS IN	10	
TITLE	STD	Delete	TITLE)			Change	Addition	
NAME	REX, ROSE	- •		1 - ' -					Addition	
STREET ADDRESS			NAM	E GER	PACE, JODO	100.0			Addition	
	1106 DELMONTE ST.		ŞTRE	E GERADORESS 377	ios, soubre	Blud.			Accument	
CITY-ST-ZIP	1106 DELMONTE ST. NORTH PORT, FL 34288		ŞTRE	ET ADDRESS 3777 -ST-ZIP Nor	ence, Joseph 10,5, Southerd 14, Part,	Blud. FL 342	287		Account	
CITY-ST-ZIP		☐ Delete	ŞTRE	-SI-ZIP / JOY	ios, soubre	Blud. FL 342		Change	Addition	
	NORTH PORT, FL 34288 PSD GRAHAM, SUZANNE	☐ Defete	STRE CITY	-St-ZIP / Jor	ios, soubre	Blud, FL 342		Change		
TITLE NAME STREET ADDRESS	PSD GRAHAM, SUZANNE 17506 BRIGHTON AVE.	☐ Defete	STRE CITY: TITLE NAMI STRE	E ET ADDRESS	ios, soubre	Blud, FL 342		Change		
TITLE NAME	NORTH PORT, FL 34288 PSD GRAHAM, SUZANNE 17506 BRIGHTON AVE. PORT CHARLOTTE, FL 33953	_	STRE CITY: TITLE NAMI STRE	-S1-ZIP /10r E E	ios, soubre	1 Blud, FL 342		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NORTH PORT, FL 34288 PSD GRAHAM, SUZANNE 17506 BRIGHTON AVE. PORT CHARLOTTE, FL 33953 SD	☐ Defete	STRE CITY- TITLE NAMI STRE CITY-	E E ADDRESS -ST-ZIP	ence, Josephors, John Part,	7-6-340		Change Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NORTH PORT, FL 34288 PSD GRAHAM, SUZANNE 17506 BRIGHTON AVE. PORT CHARLOTTE, FL 33953 SD FITZPATRICK, JOAN	_	STRE CITY- TITLE NAMI STRE CITY- TITLE	E E E ADDRESS -ST-ZIP SD	ence, Josephors, Souford, Hort,	342 016			☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSD GRAHAM, SUZANNE 17506 BRIGHTON AVE. PORT CHARLOTTE, FL 33953 SD FITZPATRICK, JOAN 812 TAMIAMI TRAIL, STE 2	_	STRE CITY- TITLE NAMI STRE CITY- TITLE NAME STRE	E E E ADDRESS -ST-ZIP SD	ence, Josephors, Souford, Hort,	342 016			☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NORTH PORT, FL 34288 PSD GRAHAM, SUZANNE 17506 BRIGHTON AVE. PORT CHARLOTTE, FL 33953 SD FITZPATRICK, JOAN 812 TAMIAMI TRAIL, STE 2 PORT CHARLOTTE, FL 33953 VSD	_	STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE TITLE TITLE TITLE TITLE TITLE	E ET ADDRESS -ST-ZIP SD A AAA ET ADDRESS ST-ZIP ST-	ence, Josephors, Souford, Hort,	342 016	0 4e 34287		☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NORTH PORT, FL 34288 PSD GRAHAM, SUZANNE 17506 BRIGHTON AVE. PORT CHARLOTTE, FL 33953 SD FITZPATRICK, JOAN 812 TAMIAMI TRAIL, STE 2 PORT CHARLOTTE, FL 33953 VSD GARDNER, LORI	Delete	STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI NAMI NAMI	E ET ADDRESS ST-ZIP E E ST-ZIP E E AAA ST-ZIP E AAA ST-ZIP E AAA ST-ZIP	ence, Josephors, Souford, Hort,	342 016	0 4e 34287	Change	Addition Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NORTH PORT, FL 34288 PSD GRAHAM, SUZANNE 17506 BRIGHTON AVE. PORT CHARLOTTE, FL 33953 SD FITZPATRICK, JOAN 812 TAMIAMI TRAIL, STE 2 PORT CHARLOTTE, FL 33953 VSD GARDNER, LORI PO BOX 381088 MURDOCK, FL 33938	Delete	STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY	E E ST ADDRESS -ST-ZIP SD A A A C C C C C C C C C C C C C C C C	res, Flizab TH fort,	342 016	 34287 	Change Change	Addition Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	NORTH PORT, FL 34288 PSD GRAHAM, SUZANNE 17506 BRIGHTON AVE. PORT CHARLOTTE, FL 33953 SD FITZPATRICK, JOAN 812 TAMIAMI TRAIL, STE 2 PORT CHARLOTTE, FL 33953 VSD GARDNER, LORI PO BOX 381088 MURDOCK, FL 33938 2VSD WHEAT, LEN PO BOX 7041	Delete Delete	STRE CITY TITLE NAMI STRE CITY	E ET ADDRESS ST-ZIP ST-	res, Elizab TH fort,	oth KAveni F, Ft	ue 34287	Change Change	Addition Addition Addition	

Thereby 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 617, 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.

IGNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

SIGNATURE: