


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 12, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P00000066117</b> 1. Entity Name <b>CONTRACTORS EXAM SCHOOL OF TAMPA, INC.</b>	
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Principal Place of Business <b>1213 PARSONS AVENUE BRANDON, FL 33510</b>	Mailing Address <b>1213 PARSONS AVENUE BRANDON, FL 33510</b>
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02082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3657282</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GONZALEZ, ISRAEL 1213 N PARSONS AVE. BRANDON, FL 33510</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GONZALEZ, ISRAEL PO BOX 1798 SEFFNER, FL 33583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, DAMARIS PO BOX 1798 SEFFNER, FL 33583
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02/12/05-80053-010 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05 (813) 684-1161  
Date Daytime Phone #