
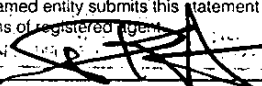



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90081 029 \*\*\*150.00

<b>DOCUMENT # P00000069554</b> 1. Entity Name <b>KATNY CONTRACTING GROUP, INC.</b>			
Principal Place of Business <b>611 DEL SOL COURT</b> <b>SAFETY HARBOR, FL 34695</b>		Mailing Address <b>611 DEL SOL COURT</b> <b>SAFETY HARBOR, FL 34695 US</b>	
2. Principal Place of Business <b>3709 Shore Blvd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3709 Shore Blvd.</b> Suite, Apt. #, etc.	
City & State <b>Oldsmar, FL</b>		City & State <b>Oldsmar, FL</b>	
Zip <b>34677</b>		Zip <b>34677</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3657561</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KATNY, PETER A</b> <b>611 DEL SOL COURT</b> <b>SAFETY HARBOR, FL 34695</b>		7. Name and Address of New Registered Agent <b>Peter A. Katny</b> Street Address (P.O. Box Number is Not Acceptable) <b>3709 Shore Blvd.</b> <b>Oldsmar</b> <b>FL</b> <b>34677</b>	
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: <b>1-26-05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	NAME <b>KATNY, LISA A</b>	TITLE <b>Change</b>	NAME <b>3709 Shore Blvd.</b>
STREET ADDRESS <b>611 DEL SOL COURT</b>	CITY-ST-ZIP <b>SAFETY HARBOR, FL 34695</b>	STREET ADDRESS <b>Oldsmar, FL</b>	CITY-ST-ZIP <b>34677</b>
TITLE <b>ST</b>	NAME <b>KATNY, PETER A</b>	TITLE <b>Change</b>	NAME <b>3709 Shore Blvd.</b>
STREET ADDRESS <b>611 DEL SOL COURT</b>	CITY-ST-ZIP <b>SAFETY HARBOR, FL 34695</b>	STREET ADDRESS <b>Oldsmar, FL</b>	CITY-ST-ZIP <b>34677</b>
TITLE <b>Change</b>	NAME <b>Change</b>	TITLE <b>Change</b>	NAME <b>Change</b>
STREET ADDRESS <b>Change</b>	CITY-ST-ZIP <b>Change</b>	STREET ADDRESS <b>Change</b>	CITY-ST-ZIP <b>Change</b>
TITLE <b>Change</b>	NAME <b>Change</b>	TITLE <b>Change</b>	NAME <b>Change</b>
STREET ADDRESS <b>Change</b>	CITY-ST-ZIP <b>Change</b>	STREET ADDRESS <b>Change</b>	CITY-ST-ZIP <b>Change</b>
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: 		Date: <b>1.26.05</b>	