

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90459 011 \*\*\*150.00

40071640



04262005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000000965	
1. Entity Name CONTRACTING SERVICES UNLIMITED, INC.	



Principal Place of Business 17901 W APShAWA RD. CLERMONT, FL 34711	Mailing Address 17901 W APShAWA RD. CLERMONT, FL 34711
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2. Principal Place of Business 17901 W. Apshawa Rd.	3. Mailing Address 17901 W. Apshawa Rd.
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City & State Clermont, FL	City & State Clermont, FL
Zip 34715	Zip 34715
Country USA	Country USA

4. FEI Number 59-3692684	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DRAVES, DONNA L ESQ 120 E. CONCORD ST. ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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
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FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D WOLZ, WAYNE 17901 APShAWA RD. CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D, P Wolz, Wayne 17901 Apshawa Rd. Clermont, FL 34715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	P WOLZ, WAYNE 17901 WEST AESHAWA RD CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <i>Wayne Wolz</i>	DATE: 4-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #