


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90003 041 ***150.00

DOCUMENT # P01000029879	
1. Entity Name PRESIDENTIAL CONTRACTING INC.	

Principal Place of Business 633 SW HILLSBORO CIRCLE PORT ST LUCIE FL 34953-3338	Mailing Address 633 SW HILLSBORO CIRCLE PORT ST LUCIE FL 34953-3338
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2. Principal Place of Business 1329 SE CAMBRIDGE DR Suite, Apt. #, etc.	3. Mailing Address 1329 SE CAMBRIDGE DR Suite, Apt. #, etc.
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City & State PORT ST LUCIE FL	City & State PORT ST LUCIE FL
Zip 34952	Country US

4. FEI Number 65-1100040	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAZZA, ABRAHAM 633 SW HILLSBORO CIRCLE PORT ST LUCIE FL 34953

7. Name and Address of New Registered Agent Name MAZZA, ABRAHAM Street Address (P.O. Box Number is Not Acceptable) 1329 SE CAMBRIDGE DR City PORT ST LUCIE FL Zip Code 34952
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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 8/30/04

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	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 MAZZA, ABRAHAM 633 SW HILLSBORO CIRCLE PORT ST LUCIE FL 34953-3338 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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:  8/30/04 272-240-9342

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