

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000038100

FILED
Apr 29, 2005
Secretary of State

Entity Name: CASTLE ROCK CONTRACTING, INC.

Current Principal Place of Business:

1777 TAMIAMI TRAIL
#406
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

1777 TAMIAMI TRAIL
#406
PORT CHARLOTTE, FL 33948

New Mailing Address:

2705 TAMIAMI TRAIL
SUITE A
PORT CHARLOTTE, FL 33952-510

FEI Number: 65-1096518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, MICHAEL M
18501 MURDOCK CIRCLE
SUITE 101
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHNEIDER, OREN
Address: 287 FORTALEZA ST.
City-St-Zip: PUNTA GORDA, FL 33983

Title: V () Delete
Name: CALAFIORE, JOSEPH M
Address: 2429 COMO ST.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: MENARD, JOEL
Address: 1353 KENSINGTON ST.
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHNEIDER, OREN
Address: 174 ORLANDO BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OREN SCHNEIDER

D

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date