2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2006 8:00 am Secretary of State 03-01-2006 90009 004 ***150.00

DOCUMENT # P01000060231 1. Entity Name METRO CONTRACTING SOLUTIONS, INC.						0 9000 9004 13	0.00
Principal Place of Business 24220 BUCKINGHAM WAY PORT CHARLOTTE, FL 33980		Mailing Address 24220 BUCKINGHAM WAY PORT CHARLOTTE, FL 33980		e spallbys in	40021573		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062006	Chg-P	CR2E034 (11/05)	
City & State		City & State		4. FEI Numbe 65-112			plied For Applicable
_ Zip	Country		Country	<u> </u>	of Status Desired	Fee Required	itional
	6. Name and Address of Current F	Registered Agent	Name	7. Name and	Address of New	Registered Agent	
14809 KIM	ANCESCO BERLY LN ERS, FL 33908	Joseph Street Addre	Joseph S. Bennett Street Address (P.O. Box Number is Not Acceptable) 24220 Buckingham Way				
			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 Surfaure, typed or bother name of registered agent and tall of applicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
10.	OFFICERS AND I		11.	ADDITIONS/	CHANGES TO O	FFICERS AND DIRECTORS	
NAME STREET ADDRESS CITY-ST-ZIP	D PICCA, FRANCESCO 14809 KIMBERLY LANE FORT MYERS, FL 33908	₩ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, JOSEPH 24220 BUCKINGHAM WAY PORT CHARLOTTE, FL 33980	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deliste	NTLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, -		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Res. 1	Deteta ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	• .		. Change	Addition
	certify that the information supplied with	this filing does not qualify for the	1	tained in Chapter 11	9, Florida Statutes	s. I further certify that the i	nformation

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.