

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000071165

FILED
Aug 26, 2008
Secretary of State

Entity Name: SOMERS CONTRACTING, INC.

Current Principal Place of Business:

3314 SW 15TH AVE.
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

3314 SW 15TH AVE.
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 48-1263940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOMERS, JAMES V
3314 SW 15TH AVE.
CAPE CORAL, FL 33914 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOMERS, JAMES V
Address: 3314 SW 15TH AVE.
City-St-Zip: CAPE CORAL, FL 33914

Title: V () Delete
Name: SOMERS, CATHERINE
Address: 3314 SW 15TH AVE.
City-St-Zip: CAPE CORAL, FL 33914

Title: S (X) Delete
Name: RECTOR, TODD S
Address: 2719 S.W. 1ST PLACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 exemption stated in Chapter 119, 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: JAMES V. SOMERS

PRES

08/26/2008

Electronic Signature of Signing Officer or Director

Date