


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90025 007 ***150.00

DOCUMENT # P02000128731					
1. Entity Name PRINCIPAL CONTRACTING GROUP, INC.					
Principal Place of Business 928 OLD MAIL LANE SANFORD, FL 32773			Mailing Address 928 OLD MAIL LANE SANFORD, FL 32773		
2. Principal Place of Business 5152 5152 FILLMORE PLACE		3. Mailing Address 5152 FILLMORE PLACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SANFORD, FLORIDA		City & State SANFORD, FL		4. FEI Number 71-0913272	
Zip 32773		Country SEMINOLE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLANIGAN, JERRY S 928 OLD MAIL LANE SANFORD, FL 32773		7. Name and Address of New Registered Agent Name JERRY S. FLANIGAN Street Address (P.O. Box Number is Not Acceptable) 5152 FILLMORE PLACE City SANFORD FL Zip Code 32773			
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 <u><i>Jerry S. Flanigan</i></u> JERRY S. FLANIGAN DATE <u>5/1/06</u> <small>(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANIGAN, JERRY S 928 OLD MAIL LANE SANFORD, FL 32773	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLANIGAN, JERRY S. 5152 FILLMORE PLACE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 exemptions contained 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 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: <u><i>Jerry S. Flanigan</i></u> JERRY S. FLANIGAN		Date: <u>5/1/06</u>		Daytime Phone #: <u>407-718-2492</u>	