

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90121 001 ***150.00

DOCUMENT # P03000011354

1. Entity Name

CONTRACTORS MARKETING AMERICA, INC.



Principal Place of Business

13180 N. CLEVELAND AVE
SUITE 130
NORTH FORT MYERS FL 33903

Mailing Address

P.O. BOX 2846
FT MYERS FL 33902

2. Principal Place of Business

3. Mailing Address

13180 N. Cleveland Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 130

City & State

City & State

North Fort Myers, FL

Zip

Country

Zip

Country

33903

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

02-0688275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, RICHARD
13180 N. CLEVELAND AVE
STE 130
NORTH FORT MYERS FL 33903

Name

Ralph Santillo

Street Address (P.O. Box Number is Not Acceptable)

13180 N. Cleveland Ave

Ste 130

City

North Fort

FL

Zip Code

33903

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

Signature, typed or printed name of registered agent and title if applicable.

Ralph Santillo

(NOTE: Registered Agent signature required when reissuing)

4/5/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PTD ☐ Delete
NAME: SANTILLO, RALPH A
STREET ADDRESS: 13180 N. CLEVELAND AVE
CITY-ST-ZIP: NORTH FORT MYERS FL 33903

TITLE: VSD ☐ Delete
NAME: THOMPSON, RICHARD
STREET ADDRESS: 13180 N. CLEVELAND AVE
CITY-ST-ZIP: NORTH FORT MYERS FL 33903

TITLE: D- ☒ Delete
NAME: SANTILLO, RICHARD
STREET ADDRESS: 13180 N. CLEVELAND AVE
CITY-ST-ZIP: NORTH FORT MYERS FL 33903

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph Santillo

4/5/05

Date

656-6552

Daytime Phone #