2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 08:00 AM Secretary of State

| DOCUMENT # P03000053530 1. Entity Name SJS CONTRACTORS, INC. | | | Secretary of State |
|---|--|------------------------------|--|
| Principal Place of Business | Mailing Address | 1 | |
| 1115-PONCE DELEON BLVD., A3 CLEARWATER, FL 33756 | PO BOX 2216 - CLEARWATER, FL 33757 | | |
| • - | | - | |
| DO NOT WD | ITE IN THE ORA | ^ | 02162005 No Chg-P CR2E034 (10/03) |
| DO NOT WR | ITE IN THIS SPA | ICE | 4. FEI Number Applied For 59-3296326 Not Applied be |
| | The same and the same and the same | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 6. Name and Address of (| Surrent Registered Agent | | |
| DRAGON, LEON T JR 1115 PONCE DELEON BLVD., A3 CLEARWATER, FL 33756 | | | DO NOT WRITE |
| | | | IN THIS SPACE |
| The above named entity submits this state the obligations of registered agent. | ement for the purpose of changing its register | ered office or register | ed agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE Signature, typed or printed name of register | ered agent and bile if applicable. (NOTE Registe | rød Agent signature required | |
| FILE NOW!!! FEE IS \$150. After May 1, 2005 Fee will be | | | .00 May Be ed to Fees |
| | RS AND DIRECTORS | 1 | |
| title PD | | I | |

STORI, SAMUEL J NAME STREET ADDRESS 150 SAND KEY ESTATES DR CITY-ST-ZIP CLEARWATER, FL 33767 TITLE DRAGON, LEON TUR NAME STREET ADDRESS 3657 DORAL ST CITY-ST-ZIP PALM HARBOR, FL 34685 TITLE NAME STREET ADDRESS DO NOT WRITE City-St-ZiP ITTLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 BUILTED YAME OF SIGNING OFFICER OR DIRECTOR

1/26/05

727-581-0024

Daytime Phone #