## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2008 8:00 am Secretary of State

DOCUMENT # P03000078667  1. Entity Name PROFESSIONAL CONTRACT CONSTRUCTION INC.							00020 016 ***15	
Principal Place of Business Mailing Address				1.				
67 SUNDIET STREET		67 SUNDIET STREET						
PORT CHARLOTTE, FL 33954		PORT CHARLOTTE, FL 33954						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01222008	Chg-P	CR2E034 (12/0	3)
City & State		City & State			4. FEI Number 20-0114			Applied For Not Applicable
Zíp	Country	Zip	Zip Count			f Status Desired	□ \$8.75 A	dditional
6. Name and Address of Current Re		Registered Agent	L		7. Name and A	ddress of New R	Fee Requ	ITBQ
a. Traille and readings of partiall (198) and a Mater			Name	7. Name and 7	iodibas of rew K	agracia o Again		
BOOHER, ROBERT M JR. 67 SUNDIET STREET			Street Address (P.O. Box Number is Not Acceptable)					
PORT CHARLOTTE, FL 33954								
			City	<del></del>	<del></del> .	FL Zip C	ode	
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 acce								h, and accept
the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTO	PRS IN 11
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	I	this filing does not qualify fo		<u></u>	d in Chapter 110	Elorida Statutas I	further certify that the	

12. Thereby certify that the information supplied with this filling does not quality 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.

74(-629-5823)

SIGNATURE:

NATURE AND TYPED OR PRINTED PAME OF SIGNING OFFICER OR DIRECT

4-1-08 cell 941-769-0522