## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 02, 2005 8:00 am Secretary of State

DOCUMENT # P03000113984  1. Entity Name OZARK CONTRACTING CO.						02-02-2005 9	90054 045 **	**150.00
Principal Plac	e of Business	Mailing Address						
3093 NOVUS Sarasota, F		3093 NOVUS CT Sarasota, FL 34237	US				5000	9406
						N 8618 8 1811 8 8 18 1 8 8 18 18 18 18 18 18		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242005	Chg-P	CR2E034 (10/	(03)	
City & State		City & State			4. FEI Numb	0311574		Applied For Not Applicable
Zip	Country	Zip	Count	try	5. Certificate	e of Status Desired		Additional
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New Re	gistered Agent	
-NTB SERV	/ICES:INC			Name /	<u>hil Mi</u>	Her		
4350 LAR				Street Addre	ess (P.O. Box Numb	per is Not Acceptable)	- ·	
NORTH PORT, FL 34286				309	3 1/2	vus Ct		
				City	o cota	145 01	FL 含	14921
8. The above	named entity submits this statement fo	or the purpose of changing its	registere	ed office or reg	istered agent, or be	oth, in the State of Flori	1,2	with, and accept
the obligat	tions of registered agent.	. ,	•		. 2			_
SIGNATURE_	Signature, typed or printed name of registered agent						1/30/05	
	SQUARE, Open or private name or registered agent	and title if applicable. (NOTE	: Registeres	z Agent signuture re	cuired when relastating)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campai	gn Finan	cing	\$5.00 May Be Added to Fees		DATE .	4.
FIL After Ma	E NOW!!! FEE IS \$150.00	9. Election Campai Trust Fund Contr	gn Finan ibution.	cing	\$5.00 May Be Added to Fees	/CHANGES TO OFFIC	DATE  CERS AND DIRECT	TORS IN 11
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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.

C!IY-SI-ZIP

SIGNATURE

C!!Y-SI-ZIP

rem bush

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/05

941-232-6530