


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90229 031 \*\*\*158.75

<b>DOCUMENT # P03000128496</b>	
1. Entity Name <b>CERTIFIED CONTRACTORS, INC.</b>	

Principal Place of Business <b>4512 HUNTERS RUN CIRCLE GRANT FL 32949</b>	Mailing Address <b>4512 HUNTERS RUN CIRCLE GRANT FL 32949</b>
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2. Principal Place of Business <b>1300 CLEARMONT STREET</b>	3. Mailing Address <b>1300 CLEARMONT STREET</b>
Suite, Apt. #, etc. <b>SUITE 207</b>	Suite, Apt. #, etc. <b>SUITE 207</b>
City & State <b>PALM BAY, FL</b>	City & State <b>PALM BAY, FL</b>
Zip <b>32905</b>	Country <b>USA</b>



1st MOORE CR2E034 (10/04)

4. FEI Number <b>56-2415302</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>WETHERRALD, VIRGINIA M 937 20TH PLACE VERO BEACH FL 32960</b>	7. Name and Address of New Registered Agent Name <b>JAMES McMANUS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1300 CLEARMONT STREET</b> <b>SUITE 207</b> City <b>PALM BAY</b> FL <b>32905</b>
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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 JAMES McMANUS DATE 4/14/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>McMANUS, JAMES P</b> <b>4512 HUNTERS RUN CIRCLE</b> <b>GRANT FL 32949</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: JAMES McMANUS DATE 4/14/05 321-610-0159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR