2005 FOR PROFIT CORPORATION ANNUAL REPORT '

Jan 07, 2005 08:00 AM Secretary of State **DOCUMENT # P03000132120** A & T CONTRACTING, INC. Principal Place of Business Mailing Address **7513 LAVENDER LANE** 2808 LAUREL LEAF DRIVE TAMPA, FL 33619 US VALRICO, FL 33594 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 86-1089567 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GONZALEZ, ARIEL DO NOT WRITE 2808 LAUREL LEAF DRIVE VALRICO, FL 33594 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE GONZALEZ, ARIEL NAME STREET ADDRESS 2808 LAUREL LEAF DRIVE CITY-ST-ZIP VALRICO, FL 33594 TITLE H00000173246 NAME 01/07/05-80011-015 150.00 STREET ADDRESS CITY-ST-ZIP TITLE

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 enter like empowered.

SIGNATURE:

NAME. STREET ADDRESS

TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IMLE NAME STREET ADDRESS CITY-SY-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE

IN THIS SPACE

FILED