

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90004 007 \*\*\*158.75

**50062315**



07252005 Chg-P CR2E034 (10/03)

4. FEI Number **13-4274045** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DOCUMENT # P03000139141  
 1. Entity Name  
**BKA CONTRACTING CORP**



Principal Place of Business Mailing Address  
 11147 ROLAND STREET 11147 ROLAND STREET  
 SPRING HILL, FL 34609 US SPRING HILL, FL 34609 US

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**RUSSELL, BARBARA E**  
**11397 PARKVIEW ST**  
**SPRING HILL, FL 34609**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>NEIDECKER, JEFFREY E</b>	
STREET ADDRESS	<b>11147 ROLAND STREET</b>	
CITY - ST - ZIP	<b>SPRING HILL, FL 34609</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>NEIDECKER, MELISSA R</b>	
STREET ADDRESS	<b>11147 ROLAND STREET</b>	
CITY - ST - ZIP	<b>SPRING HILL, FL 34609</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Melissa Neidecker* **Melissa Neidecker** 8-8-05 (352) 686-9194  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #