

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000145091**

1. Entity Name  
C.I.A. PROFESSIONAL CONTRACTORS, INC.



Principal Place of Business

3802 HIGHVIEW ROAD  
SEFFNER, FL 33584

Mailing Address

3802 HIGHVIEW ROAD  
SEFFNER, FL 33584



05092005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-7147456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ANDERSON, CHARLOTTE I  
3802 HIGHVIEW ROAD  
SEFFNER, FL 33584

**DO NOT WRITE  
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 reinstating)

DATE

05/11/05-80027-015 150.00

**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 D  
NAME ANDERSON, CHARLOTTE I CONTRAC  
STREET ADDRESS 3802 HIGHVIEW ROAD  
CITY-ST-ZIP SEFFNER, FL 33584

TITLE D  
NAME ANDERSON, RONNIE J SUPERIN  
STREET ADDRESS 3802 HIGHVIEW ROAD  
CITY-ST-ZIP SEFFNER, FL 33584

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/05