2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AN
Secretary of State

ANNUAL REPORT					Secretary of Sta				
1. Entity Nam-	MENT # P0300014778 ONTRACTING, INC.	36			,	Secre	tary or S	La	
Principal Place 4093 SE PER STUART, FL	PPERTREE ST	dailing Address 4093 SE PEPPERTREE ST STUART, FL 34997		r a nn (a nn (air s	18/08 21114 4 8/11 19 111 28 11		ERR ERR ERR ERR		
_	A NOT WOITE II	N THE CDA	^F	01162008	No Chg-P	CR2E034	(11/05)		
U	O NOT WRITE I	n ihis spat	UE	4. FEI Numbe 20-0543			Applied For Not Applicable]	
				5. Certificate	of Status Desired		8.75 Additional e Required		
	6. Name and Address of Current Regi	stered Agent]	
GRANNING, DAN 4093 SE PEPPERTREE ST STUART, FL 34997			DO NOT WRITE IN THIS SPACE						
	named entity submits this statement for the lions of registered agent.	purpose of changing its registere	ed office or register	red agent, or both	n, in the State of Flo	rida. I am far	niliar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE: Registere	d Agent signature required	d when reinstating)	 	100 <mark>0,79</mark> 0			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees	U1/23,	'08-888	54-004 150.	1 00	
10.	OFFICERS AND DIRE	CTORS						1	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANNING, DANIEL R 4093 SE PEPPERTREE ST. STUART, FL 34997								
TITLE NAME STREET ADDRESS CITY-ST-ZIP							-		
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

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DANIEL R GRANJING

1/18/08

772-879-4101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone #