

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000003285

Entity Name: S & R CONTRACTING, INC.

FILED  
Apr 28, 2004  
Secretary of State

**Current Principal Place of Business:**

8259 SHORT WAY  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

8259 SHORT WAY  
LAKELAND, FL 33809

**New Mailing Address:**

FEI Number: 57-1196648      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORRISON, JOSEPH A  
3500 S FLORIDA AVE STE 3  
LAKELAND, FL 33803 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STEPHENS, SAMUEL J III  
Address: 8259 SHORT WAY  
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete  
Name: STEPHENS, ROBERTA T  
Address: 8259 SHORT WAY  
City-St-Zip: LAKELAND, FL 33809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL J STEPHENS III

D

04/28/2004

Electronic Signature of Signing Officer or Director

Date