FILED
Jun 20, 2005 8:00 am
Secretary of State

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06-03-2005 90004 017 ***558.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000079809

1. Entity Name
CONTRACTOR'S SERVICES GROUP, INC.

66023345

Principal Place of Business	Mailing Address
1802 EASTERN DRIVE JACKSONVILLE BEACH, FL 32250 US	PO BOX 330810 ATLANTIC BEACH, FL 32233 US

01272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 2027 Mayport Road	3. Mailing Address: Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Atlantic Beach, FL	City & State
Zip: 32233 Country: USA	Zip Country

4. FEI Number 20-1166342 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACRI, JENNIFER M 371 PLAZA ATLANTIC BEACH, FL 32233	Name: Street Address (P.O. Box Number is Not Acceptable): 348 Plaza City: Atlantic Beach FL Zip Code 32233

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] Registered Agent DATE 5/30/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P,S	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MACRI, JENNIFER M		NAME		
STREET ADDRESS	~~371 PLAZA~~		STREET ADDRESS	348 Plaza	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KIRSTEN, MARY JO C		NAME		
STREET ADDRESS	348 PLAZA		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] President — 5/30/05 — 904.887.7453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #