


FILED  
Mar 08, 2005 8:00 am  
Secretary of State

01-24-2005 90054 019 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P04000115849</b>			
1. Entity Name <b>F E S CONTRACTING INC.</b>			
Principal Place of Business <b>5401 TOWER RD TALLAHASSEE, FL 32303</b>		Mailing Address <b>5401 TOWER RD TALLAHASSEE, FL 32303</b>	
2. Principal Place of Business		3. Mailing Address <b>10154 Chiltern Garden</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>DRIVE</b>	
City & State		City & State <b>Orlando, Florida</b>	
Zip	Country	Zip	Country
<b>32827</b>	<b>USA</b>	<b>32827</b>	<b>USA</b>
4. FEI Number <b>73-171 4452</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SILVA, FRANK 10154 CHILTERN GARDEN DR ORLANDO, FL 32827</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SILVA, FRANK 10154 CHILTERN GARDEN DR ORLANDO, FL 32827</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Frank Silva</b>		<b>1/20/05 (407) 955 9014</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE Daytime Phone #</small>	