


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90175 002 ***150.00

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|--|--|--|--|--|--|
| DOCUMENT # P04000115849 1. Entity Name F E S CONTRACTING INC. | | | |  | |
| Principal Place of Business 5401 TOWER RD- TALLAHASSEE, FL 32303 | | | Mailing Address 10154 CHILTERN GARDEN DRIVE ORLANDO, FL 32827 | | |
| 2. Principal Place of Business 1085 Commerce Blvd | | 3. Mailing Address 10901 FRONT BEACH RD | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. PANAMA CITY BEACH FL | | | |
| City & State MIDWAY, FLORIDA | | City & State PANAMA CITY BEACH FL | | | |
| Zip 32343 | | Country USA | | Zip 32407 | |
| Country USA | | Country USA | | | |
| 4. FEI Number 73-1714452 | | | 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 SILVA, FRANK 10154 CHILTERN GARDEN DR ORLANDO, FL 32827 | | | 7. Name and Address of New Registered Agent Name FRANK SILVA Street Address (P.O. Box Number is Not Acceptable) 10901 FRONT BEACH ROAD UNIT #1501 City PANAMA CITY BEACH FL Zip Code 32407 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 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 | P SILVA, FRANK 10154 CHILTERN GARDEN DR ORLANDO, FL 32827 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRESIDENT SILVA, FRANK 10901 FRONT BEACH RD., UNIT 1501 PANAMA CITY BEACH, FL 32407 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <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 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: Frank E Silva FRANK E. SILVA, Pres. 3/7/06 (850) 890 0755 _____ Daytime Phone # | | | | | |