

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90148 009 \*\*\*150.00

**DOCUMENT # P04000128416**

1. Entity Name

**ARM AND HAMMER CONTRACTING CORP.**



Principal Place of Business

**20 NORTH BREVARD AVENUE  
COCOA BEACH FL 32931**

Mailing Address

**22 N. BREVARD AVE  
COCOA BEACH FL 32931**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

**90-0198264**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUDD, AUBREY G ESQ.  
RUDD AND RUDD, L.L.C.  
7901 S.W. 67 AVENUE, SUITE 206  
SOUTH MIAMI FL 33143**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

*Kraig Vann*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when nonattesting)

**3-27-06**

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 **D** ☐ Delete  
NAME **PLYE, KRAIG VANN**  
STREET ADDRESS **20 NORTH BREVARD AVENUE**  
CITY- ST- ZIP **COCOA BEACH FL 32931**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

*Kraig Vann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-06**

Date

**772-563-0013**

Daytime Phone #