


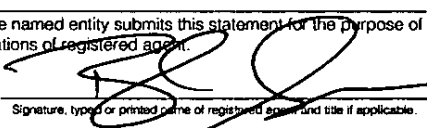
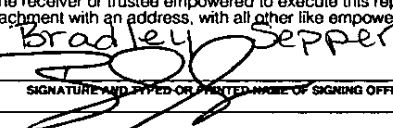
# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 JUL -1 PM 9:21

FLORIDA SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P04000145845</b>					
1. Entity Name <b>THE CONTRACTOR CONNECTION, INC.</b>					
Principal Place of Business <b>8201 S TAMiami TRAIL UNIT 56 SARASOTA, FL 34238</b>			Mailing Address <b>3764 ST. CHARLES CIRCLE SARASOTA, FL 34233</b>		
2. Principal Place of Business			3. Mailing Address <b>3725 Ferguson St.</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>Sarasota, FL</b>		
Zip		Country		Zip <b>34233</b> Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>BUNTING, TOM 3764 ST. CHARLES CIRCLE SARASOTA, FL 34233</b>				7. Name and Address of New Registered Agent Name <b>Bradley Sepper</b> Street Address (P.O. Box Number is Not Acceptable) <b>3725 Ferguson St.</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34233</b>	
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					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUNTING, TOM		NAME	600057339556	
STREET ADDRESS	3764 ST. CHARLES CIRCLE		STREET ADDRESS	07/12/05--01017--003 **PU.UU	
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUNTING, MARIKAY		NAME		
STREET ADDRESS	3764 ST. CHARLES CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEPPER, BRADLEY		NAME	P/T/D	
STREET ADDRESS	3764 ST. CHARLES CIRCLE		STREET ADDRESS	3725 Ferguson St	
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP	Sarasota, FL. 34233	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		6-28-05		941-809-3852	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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