

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000147082

Entity Name: W & V ALL CONTRACTORS, CORP

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

2305 JOSH CT
APT 401
MELBOURNE, FL 32904 US

New Principal Place of Business:

Current Mailing Address:

2305 JOSH CT
APT 401
MELBOURNE, FL 32904 US

New Mailing Address:

FEI Number: 20-1796677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSON, CAROLINE
5059 LAKEHURST DR
STE 246
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DA SILVA, VENILSON L
Address: 2305 JOSH CT APT 401
City-St-Zip: MELBOURNE, FL 32904 US

Title: VP () Delete
Name: DUARTE, RONALD C
Address: 2305 JOSH CT APT401
City-St-Zip: MELBOURNE, FL 32904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DA SILVA, EDENILSON L
Address: 2305 JOSH CT APT401
City-St-Zip: MELBOURNE, FL 32904 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VENILSON L DA SILVA

P

04/22/2005

Electronic Signature of Signing Officer or Director

_____ Date