

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158632

FILED
Apr 24, 2006
Secretary of State

Entity Name: CONTRACTOR'S BEST OF ORLANDO, INC.

Current Principal Place of Business:

6333 NORTH ORANGE BLOSSOM TRL
250
ORLANDO, FL 32810 US

Current Mailing Address:

1316 SAN MARCO BLVD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

6349 NORTH ORANGE BLOSSOM TRL
250
ORLANDO, FL 32810 US

New Mailing Address:

6349 NORTH ORANGE BLOSSOM TRL
250
ORLANDO, FL 32810 US

FEI Number: 20-1906477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPINSKI, THOMAS A
1105 VALE ORCHARD LANE
JACKSONVILLE, FL 32207 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/T () Delete
Name: SAPINSKI, THOMAS A
Address: 1105 VALE ORCHARD LANE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VP (X) Delete
Name: MICKLER, JAMES R
Address: 2525 MICHAELSON WAY
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VP/S () Delete
Name: SHIEN PURO, CHIEN
Address: 2320 CADY WAY
City-St-Zip: WINTER PARK, FL 32792 US

Title: VP () Delete
Name: MAN, EUGENE
Address: 5359 ROYCE AVE
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: D () Delete
Name: STEIHGNER, NEIL
Address: 11533 BASKERVILLE ROAD
City-St-Zip: JACKSONVILLE, FL 32223 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP/S (X) Change () Addition
Name: PURO, CHIEN S
Address: 2320 CADY WAY
City-St-Zip: WINTER PARK, FL 32792 US

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

Title: D (X) Change () Addition
Name: STEIHGNER, NEIL
Address: 3413 SOUTH SAXXON
City-St-Zip: ST. AUGUSTINE, FL 32092 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHIEN S PURO

VP/S

04/24/2006

Electronic Signature of Signing Officer or Director

_____ Date