


2010 FOR PROFIT CORPORATION ANNUAL REPORT

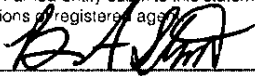
DOCUMENT # P05000084449		
1. Entity Name STANT CONSTRUCTION CO.		

Principal Place of Business 798 CARNIVAL TERRACE SEBASTIAN, FL 32958	Mailing Address 798 CARNIVAL TERRACE SEBASTIAN, FL 32958
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2. Principal Place of Business - No P.O. Box # 798 CARNIVAL TERR.	3. Mailing Address 798 CARNIVAL TERR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

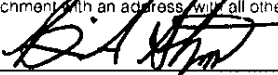
City & State SEBASTIAN FL.	City & State SEBASTIAN FL.
Zip 32958	Country INDIAN RIVER
Country INDIAN RIVER	Zip 32958

6. Name and Address of Current Registered Agent STANT, BRIAN SA. 798 CARNIVAL TERRACE SEBASTIAN, FL 32958	
7. Name and Address of New Registered Agent 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 	DATE 5-20-10

FILE NOW!!! FEE IS \$150.00 Due by September 24, 2010	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STANT, BRIAN 798 CARNIVAL TERRACE SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800180884458 05/14/10--01012--002 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST STANT, KAREN 798 CARNIVAL TERRACE SEBASTIAN, FL 32958 <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	VP STANT, WILLIAM J 358 TUNISON LANE SEBASTIAN, FL 32958 <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
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

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: 	5-20-10 772 386 6104 Date Daytime Phone #

FILED
10 MAY 24 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05132010 Chg-P CR2E034 (11/08)

4. FEI Number 65-1034598	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5/25/10