
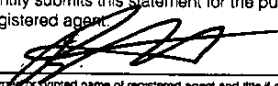



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90109 016 ***150.00

DOCUMENT # P05000126581					
1. Entity Name SOUTH SHORE CONTRACTORS INC					
Principal Place of Business 4401 REDWOOD DRIVE FORT PIERCE, FL 34951		Mailing Address 4401 REDWOOD DRIVE FORT PIERCE, FL 34951 US			
2. Principal Place of Business 991 SE WALTERS TERR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State PT ST LUCIE FL		City & State		4. FEI Number 42-1683160	
Zip 34983		Country ST LUCIE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, ROBERT B JR. 4401 REDWOOD DRIVE FORT PIERCE, FL 34951			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: 1-18-06			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reissuing)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	WILLIAMS, ROBERT B JR.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4401 REDWOOD DRIVE		NAME	
STREET ADDRESS		FORT PIERCE, FL 34951		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	V	STERN, RODNEY CURTIS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		991 SE WALTERS TERR		NAME	
STREET ADDRESS		PORT ST LUCIE, FL 34983		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	
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 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: 		DATE: 1-18-06			
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	