2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State

DOCUMENT # P05000132858 1. Entity Name WEATHERFIELD CONTRACTING SERVICES, INC.				04-20-200	06 90172 014 ***150.00
Principal Place of Business Ma		Mailing Address		7	
3909 CHAMPION ROAD TITUSVILLE, FL 32796		3909 CHAMPION ROAD TITUSVILLE, FL 32796			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182006 Chg-P	CR2E034 (11/05)
City & State		City & State		4. FEI Number 20 - 350818	Applied For Not Applicable
Zip	Country	Zìp	Country	5. Certificate of Status Desire	Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of Ne	w Registered Agent
MERRITT, ROY K			Name		
3909 CHAMPION ROAD TITUSVILLE, FL 32796			Street Address (able)
			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					
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reins				d when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO C	DEFICERS AND DIRECTORS IN 11
-FITLE	PSTD MEDDITT DOVK	☐ Delete	TIFLE		☐ Change ☐ Addition
NAME STREET ADDRESS	MERRITT, ROY K 3909 CHAMPION ROAD		NAME STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP		i
TITLE	VP (;	☐ Delete	TITLE		☐ Change ☐ Addilion
NAME	MERRITT, ROY K		NAME		_
STREET ADDRESS CITY-S1-ZIP	3909 CHAMPION ROAD TITUSVILLE, FL 32796		STREET ADDRESS CITY-S1-ZIP		
TITLE	7770071222, 12 02700	Delete	TITLE		☐ Change ☐ Addition
NAME		Delete	NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			STREE) AUDRESS CHY-ST-ZIP		
TITLE		☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE	****	☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
IIILE	 ·	☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

I hereby certify that the information supplied with this filling 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 it 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 AND TYPEGOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(321) 383 7883