
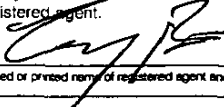
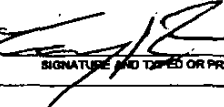


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90023 032 ***150.00

DOCUMENT # P05000154523 1. Entity Name CENTER LINE CONTRACTING OF SW FLORIDA, INC.			
Principal Place of Business 1401 KISMET PARKWAY WEST CAPE CORAL, FL 33993		Mailing Address 1401 KISMET PARKWAY WEST CAPE CORAL, FL 33993	
2. Principal Place of Business 4436 SW 14th Ave Suite, Apt. #, etc.		3. Mailing Address 4436 SW 14th Ave Suite, Apt. #, etc.	
City & State Cape Coral FL Zip 33914		City & State Cape Coral FL Zip 33914	
Country LEE		Country LEE	
4. FEI Number 203652697		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BANISTER, CRAIG 1401 KISMET PARKWAY WEST CAPE CORAL, FL 33993		7. Name and Address of New Registered Agent Name BANISTER, CRAIG Street Address (P.O. Box Number is Not Acceptable) 1401 KISMET PARKWAY WEST 4436 SW 14th Ave City Cape Coral FL 33914	
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  CRAIG R. BANISTER 7-14-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		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.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BANISTER, CRAIG STREET ADDRESS 1401 KISMET PARKWAY WEST CITY-ST-ZIP CAPE CORAL, FL 33993	<input checked="" type="checkbox"/> Delete	TITLE Craig BANISTER STREET ADDRESS 4436 Kismet Parkway West CITY-ST-ZIP CAPE CORAL, FL 33993	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS (4436 14th Ave. SW Cape Coral, FL 33914) 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:  CRAIG R. BANISTER 7/14/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		239.945.2238 <small>Daytime Phone #</small>	

30022769



07142006 Chg-P CR2E034 (11/05)