

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000120333

**FILED**  
**Sep 30, 2011**  
**Secretary of State**

**Entity Name:** A TO Z CONTRACTORS, INC.

**Current Principal Place of Business:**

1521 HARBOR BLVD  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 381236  
MURDOCK, FL 33938

**New Mailing Address:**

**FEI Number:** 20-5580338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAYES, CHRISTINA M R  
18542 VAN NUYS CIRCLE  
PORT CHARLOTTE, FL 33948 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARSHNER, DORIS  
Address: PO BOX 381236  
City-St-Zip: MURDOCK, FL 33938 US

Title: S  
Name: -HAYES, J  
Address: PO BOX 381236  
City-St-Zip: MURDOCK, FL 33938

Title: D  
Name: MARSCHNER, G  
Address: PO BOX 381236  
City-St-Zip: MURDOCK, FL 33938

Title: CEO  
Name: -TRENT-MARSHNER, D  
Address: POBOX 381236  
City-St-Zip: MURDOCK, FL 33938

Title: MGR  
Name: HAYES, C M  
Address: POBOX381236  
City-St-Zip: MURDOCK, FL 33938

I hereby 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 all other like empowered.

SIGNATURE: DORIS MARSHNER

PRES

09/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date