

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000088003

FILED
Mar 04, 2009
Secretary of State

Entity Name: FLORIDA CONTRACTING SPECIALIST, INC.

Current Principal Place of Business:

214 SW STARFLOWER AVE
PORT SAINT LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

214 SW STARFLOWER AVE
PORT SAINT LUCIE, FL 34984

New Mailing Address:

FEI Number: 26-0673961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONOR, DARLENE
214 SW STARFLOWER AVE
PORT SAINT LUCIE, FL 34984 US

Name and Address of New Registered Agent:

BENHAM, DARLENE
214 SW STARFLOWER AVE
PORT SAINT LUCIE, FL 34984 US

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: DARLENE BENHAM

03/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DONOR, DARLENE
Address: 214 SW STARFLOWER AVE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: S () Delete
Name: BENHAM, COLBY
Address: 1851 SW BOMA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP () Delete
Name: BENHAM, COLBY
Address: 214 SW STARFLOWER AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BENHAM, DARLENE
Address: 214 SW STARFLOWER AVE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DARLENE BENHAM

P

03/04/2009

Electronic Signature of Signing Officer or Director

Date