## کا نجه براه

## 2006 FOR PROFIT CORPORATION

## May 01, 2006 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P30283 1. Entity Name CONTRACTORS PILING AND MATERIALS LIMITED. INCORPORATED Principal Place of Business Mailing Address 13195 GULF LANE, APT. 502 13195 GULF LANE, APT. 502 MADEIRA BEACH, FL 33708 MADEIRA BEACH, FL 33708 04052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3022847 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSON, BRIAN E. DO NOT WRITE 7190 SEMINOLE BLVD. SEMINOLE, FL 34642 IN THIS SPACE 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 side if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PSD CLARKE, FRANK T. MAKE STREET ADDRESS 13195 GULF LANE, #502 CITY-ST-ZIP MADEIRA BEACH, FL 000000553093 05/15/06-80038-012 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP mlE IN THIS SPACE NAME STREET ADDRESS 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 507, 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

Date