

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000032320

1. Entity Name
STATELY CONTRACTORS, INC.



**FILED
Jul 21, 2005 8:00 am
Secretary of State**

07-05-2005 90116 005 ***150.00
07-21-2005 90030 040 ***400.00

Principal Place of Business 6028 33RD ST. E BRADENTON, FL 34203		Mailing Address 6028 33RD ST. E SUITE C BRADENTON, FL 34203	
2. Principal Place of Business		3. Mailing Address 6028 33RD ST. E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BRADENTON, FL		4. FEI Number 65-0400899	
Zip 34203	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEPAOLA, JASON M 1205 MANATEE AVE. WEST BRADENTON, FL 34205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



06282005 Chg-P CR2E034 (10/03)

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 relocating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. \$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 NAME STREET ADDRESS CITY-ST-ZIP	VD BERTINE, CHARLES D VD P.O. BOX 454 HOMOSASA, FL 34487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MC CANNA, RICHARD E VSD P.O. BOX 1990 HOMOSASA SPRINGS, FL 34447	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWER, GLENN P PD 6338 LAGUNA DR LONGBOAT KEY, FL 34228	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BULTEMA, KURT R SD 7228 CASTLE DRIVE SARASOTA, FL 34240	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 exemption stated in Section 119.07(3)(i), 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 addressee, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-01-05

Date

Daytime Phone #