


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # P93000045729 1. Entity Name CONTRACTORS UNLIMITED, INC.	
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Principal Place of Business 4261 TWILIGHT TRAIL KISSIMMEE, FL 34746 US	Mailing Address P. O. BOX 450457 KISSIMMEE, FL 34745-0457 US
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03142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3223499	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 WADE, CECILE 4261 TWILIGHT TRAIL KISSIMMEE, FL 34746
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**DO NOT WRITE
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 *Cecile M. Wade* *3/14/07*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000669637
03/27/07-80079-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WADE, GLENNON 4261 TWILIGHT TRAIL KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV WADE, CECILE M 4261 TWILIGHT TRAIL KISSIMMEE, FL 34746
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IN THIS SPACE**

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: *Cecile M. Wade - Vice President* *3/14/07* *407-512-9624*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #