


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000024609 1. Entity Name MCENANY CONTRACTING, INC.	
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Principal Place of Business 8803 INDUSTRIAL DRIVE TAMPA, FL 33637	Mailing Address 8803 INDUSTRIAL DRIVE TAMPA, FL 33637
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04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3233204	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCENANY, MICHAEL 8803 INDUSTRIAL DRIVE TAMPA, FL 33637	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

000000358630
05/04/05-80161-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCENANY, MICHAEL 8803 INDUSTRIAL DR. TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODIN, BRUCE 8803 INDUSTRIAL DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOAT, MARK 8803 INDUSTRIAL DR TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/05

813-988-1669