
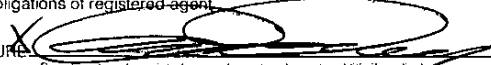



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90118 046 ***150.00

DOCUMENT # P94000054727 1. Entity Name ANTHONY CONTRACTING CORPORATION					
Principal Place of Business 3465 NE 31ST AVE. LIGHTHOUSE, FL 33064 US			Mailing Address 3465 NE 31ST AVE. LIGHTHOUSE, FL 33064 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ANTHONY, PHILLIP 3565 NE 31ST AVE LIGHTHOUSE POINT, FL 33064				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3090 NE 43 STREET Lighthouse Point City FL Zip Code 33064	
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:  DATE: 3-31-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY, PHILLIP 3465 NE 31ST AVE. LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3090 NE 43 STREET Lighthouse Point, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY, PHILLIP 3465 NE 31ST AVE. LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3090 NE 43 STREET Lighthouse Point FL 33064
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 address, with all other like empowered.					
SIGNATURE: 				Date: 3-31-05 Daytime Phone #	