2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000057971

1. Entity Name
TREMONT CONTRACT, INC.



FILED May 01, 2006 08:00 AN Secretary of State

Principal Place of Business 217 N WILLOW AVE

TAMPA, FL 33606

Mailing Address P O BOX 25826 TAMPA, FL 33622-5826



04252006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3367515

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

FLYNN, R W 217 N WILLOW AVE TAMPA, FL 33606

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IAMPA, F	L 33606			·IN	THIS SPACE
	named entity submits this statement for the ptions of registered agent.	burpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registered	Agent signature	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLYNN, R W 217 N WILLOW AVE TAMPA, FL				U00000556957 05/17/06-80032-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby	certify that the information supplied with this f	filing does not qualify for the exe	emptions co	ntained in Chapter 119	9, Florida Statutes, I further certify that the information of as if made under path; that I am an officer or director

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 139, Plorida Statutes. I furner 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 emodified of 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 without address without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

SIGNING OFFICER OR DIRECTOR - F1

4-26-2006

Daytime Phone #