

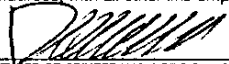


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90033 029 ***150.00

DOCUMENT # P95000059348 1. Entity Name CENTRAL FLORIDA CONTRACTING CORPORATION					
Principal Place of Business 1201 HIDDEN HARBOR LANE KISSIMMEE, FL 34746			Mailing Address 1201 HIDDEN HARBOR LANE KISSIMMEE, FL 34746		
2. Principal Place of Business 1318 Jefferson St		3. Mailing Address P.O. Box 2788			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 59-3329001	
Zip 32801		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32802-2788		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANT, EDWARD 1201 HIDDEN HARBOR LANE KISSIMMEE, FL 34746			7. Name and Address of New Registered Agent Name Sant, Dean Street Address (P.O. Box Number is Not Acceptable) 1318 Jefferson St. City Orlando FL 32801		
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 3/10/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</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	PD SANT, EDWARD 1201 HIDDEN HARBOR LANE KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sant, Dean 110 N. Shine Ave. Orlando, FL 32801
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
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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 3/10/05 Daytime Phone # 407-898-4175		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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