


2006 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**
Jun 20, 2006 8:00 am
Secretary of State

05-04-2006 90243 019 ***150.00

DOCUMENT # P97000008729

1. Entity Name
PEREZ CONTRACTING, INC.



Principal Place of Business P.O. BOX 70 CLEWISTON, FL 33440	Mailing Address P.O. BOX 70 CLEWISTON, FL 33440
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66013000



04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0806965	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCGAHEE, MELANIE A
 417.WEST SUGERLAND HIGHWAY
 CLEWISTON, FL 33440**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MICKLER, ELENA PEREZ 1834 DAVIDSON ROAD CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MICKLER, ALVA J JR 1834 DAVIDSON ROAD CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MICKLER, ALVA J SR 1834 DAVIDSON ROAD CLEWISTON, FL 33440
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 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: *Alva J Mickler* Date: 5/1/06 Daytime Phone #: 863 983 2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR