2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000015395

1. Entity Name
VITA CONTRACTING CORP.

Principal Place of Business	Mailing Address
4191 WOODS END ROAD BOCA RATON, FL 33487	4191 WOODS END ROAD BOCA RATON, FL 33487

04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0727927

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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 _____ DATE
Signature of new registered agent, if changing / FEI Number, if applicable / Signature of previous registered agent, if changing

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

000003187521
04Apr04 00010 012 150.75

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	VITA, LAWRENCE J
STREET ADDRESS	4191 WOODS END ROAD
CITY ST ZIP	BOCA RATON, FL 33487
TITLE	VSD
NAME	VITA, DEBORAH L
STREET ADDRESS	4191 WOODS END ROAD
CITY ST ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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STREET ADDRESS	
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CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: Lawrence J. Vita LAWRENCE J. VITA 4-6-04 561-241-9869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #