


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000064763		
1. Entity Name B & C CONTRACTING, INC.		

FILED

04 JUL 30 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1417 30TH ST. W. BRADENTON, FL 34205	Mailing Address 1417 30TH ST. W. BRADENTON, FL 34205
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2. Principal Place of Business 3315 63 RD AVE. E. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 20523 Suite, Apt. #, etc.
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06022004 Chg-P CR2E034 (10/03)

City & State BRADENTON FLA.	City & State BRADENTON FL 34204	4. FEI Number 65-0772794	Applied For Not Applicable
Zip 34204	Country USA	Zip 34204	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUNCAN, DEBRA K 4630 5TH ST W #4 & #5 BRADENTON, FL 34203		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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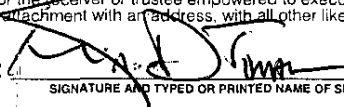
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25 ADDIT. 20.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TUMAN, ROBERT B 1417 30TH ST. W. BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TUMAN Robert B. 20 SPRING LAKE NEWLAND N.C. 28657 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT TUMAN, CINDY G 1417 30TH ST. W. BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT TUMAN CINDY G 20 SPRING LAKE NEWLAND N.C. 28657 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TUMAN, KEVIN D 35495 SINGLETARY RD MYAKKA CITY, FL 34251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. TUMAN KEVIN D. 35495 SINGLETARY RD. MYAKKA City, FLA. 34251 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Kevin D. Tuman, V.P. 614-04 (941) 829-3668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #