


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90061 012 \*\*\*150.00

<b>DOCUMENT # S76788</b>	
<b>1. Entity Name</b> <b>CATHCART CONTRACTING COMPANY</b>	

<b>Principal Place of Business</b> 1757 W BROADWAY ST SUITE 3 OVIDO FL 32765 US	<b>Mailing Address</b> PO BOX 195788 WINTER SPRINGS FL 32719 US
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<b>2. Principal Place of Business</b> 6972 ALOMA AVE	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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<b>City &amp; State</b> Winter Park, FL	<b>City &amp; State</b>
<b>Zip</b> 32792	<b>Country</b>



1st MOORE CR2E034 (10/04)

<b>4. FEI Number</b> 59-3083507	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CATHCART, JOHN THOMAS 733 ADIDAS ROAD WINTER SPRINGS FL 32708	
<b>7. Name and Address of New Registered Agent</b> Name: John Cathcart Street Address (P.O. Box Number is Not Acceptable): 6972 ALOMA AVE City: Winter Park FL Zip Code: 32792	

**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:  **JOHN T. CATHCART, CEO** DATE: 1-24-05

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P	<input type="checkbox"/> Delete	<b>TITLE</b> CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> CATHCART, JOHN		<b>NAME</b> CATHCART, JOHN	
<b>STREET ADDRESS</b> 733 ADIDAS ROAD		<b>STREET ADDRESS</b> 6972 ALOMA AVE	
<b>CITY-ST-ZIP</b> WINTER SPRINGS FL 32708		<b>CITY-ST-ZIP</b> WINTER PARK, FL 32792	
<b>TITLE</b> VP	<input type="checkbox"/> Delete	<b>TITLE</b> PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> BLANTON, MATT		<b>NAME</b> MATT BLANTON	
<b>STREET ADDRESS</b> 1757 W. BROADWAY ST/ #3		<b>STREET ADDRESS</b> 6972 ALOMA AVE	
<b>CITY-ST-ZIP</b> OVIDO FL 32765		<b>CITY-ST-ZIP</b> WINTER PARK, FL 32792	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:**  **JOHN T. CATHCART, CEO** DATE: 1-24-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-341-6465