2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2005 08:00 AM **DOCUMENT # 586329 Secretary of State** 1. Entity Name L & A EXCAVATION, INC. Principal Place of Business Mailing Address 12625 BARWICK RD BOYNTON BEACH FL 33436 12625 BARWICK RD BOYNTON BEACH FL 33436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1847503 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEGENHART, LARRY Street Address (P.O. Box Number is Not Acceptable) 12625 BARWICK RD **BOYNTON BEACH FL 33436** City Zip Code FL 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. PTD TITLE Delete THE F Change Addition DEGENHART, LARRY U00000226253 NAME NAME 12625 BARWICK ROAD STREET ADDRESS STREET ADDRESS 02/12/05-80008-021 150.00 CITY-ST-ZIP BOYNTON BEACH FL CHY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition DEGENHART, ANN STREET ADDRESS 12625 BARWICK ROAD STREET ADDRESS CITY ST-7IP **BOYNTON BEACH FL** CITY-ST-ZIF TITLE Delete TOTAL Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHT-ST-ZIP HHE Delete DILE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-ZIP TITLE Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP

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

SIGNATURE

FILED