


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED-**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M84319</b> 1. Entity Name <b>GEORGE SCHWAB EXCAVATING, INC.</b>		
Principal Place of Business <b>17303 SOLIE ROAD ODESSA FL 33556</b>		Mailing Address <b>17303 SOLIE ROAD ODESSA FL 33556</b>
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
Country		Country
4. FEI Number <b>59-2877392</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required



1st MOORE CR2E034 (10/04)

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>SCHWAB, BARBARA</b> <b>17303 SOLIE ROAD</b> <b>ODESSA FL 33556</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b>		Zip Code	

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) \_\_\_\_\_ DATE \_\_\_\_\_

<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>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWAB, GEORGE			NAME			
STREET ADDRESS	17303 SOLIE ROAD			STREET ADDRESS			
CITY - ST - ZIP	ODESSA FL			CITY - ST - ZIP			
STREET ADDRESS	17303 SOLIE ROAD			STREET ADDRESS			
CITY - ST - ZIP	ODESSA FL			CITY - ST - ZIP			
STREET ADDRESS	1080 ROBERTS ROAD			STREET ADDRESS			
CITY - ST - ZIP	ODESSA FL			CITY - ST - ZIP			
STREET ADDRESS				STREET ADDRESS			
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07/05/05-80030-002 558.75

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: Barbara Schwab 7-1-05 813.924.8254  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #