

182


07-23-2004 90002 034 ***150.00

P03000109563

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG -2 AM 8:00

DOCUMENT # P03000109563		
1. Entity Name ANA CRUZ DRILLING, INC. CRUZ EXCAVATING + CORE DRILLING INC.		

Principal Place of Business 1783 53 LANE SW NAPLES, FL 34116	Mailing Address 1783 53 LANE SW NAPLES, FL 34116
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07192004 Chg-P CR2E034 (10/03) **MRS**

4. FEI Number 01-0798703		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CRUZ, ANA 1783 53 LANE SW NAPLES, FL 34116		7. Name and Address of New Registered Agent
		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, ANA 1783 53 LANE SW NAPLES, FL 34116 <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	D CRUZ, VICENTE 1783 53 LANE SW NAPLES, FL 34116 <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
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: *Ana Cruz* **7/20/04** (239) 348-9432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FROM :

FAX NO. : 2392636780

Aug. 02 2004 01:43PM P1

fax (850) 245-6017

292

ANA CRUZ DRILLING, INC.
1783 53rd LANE SW
NAPLES, FL 34116

August 02, 2004

Divisions of Corporation
Uniform Business Report
P.O. Box 6198
Tallahassee, FL 32314

Re: Document #P03000109563
2004 Uniform Business Report

Gentlemen:

With reference to the above, I been informed of non payment of my UBR. I have not received my first notice of the 2004 report.

My accountant, upon calling "The State Corporation Department", was informed and advised to print the form and have me file it with the \$150.00. She was also told my penalties would be waived. Enclosed is check number in the amount of \$150.00.

Also, I would like to have this form mailed to me each year in order to avoid this problem.

Sincerely,

Ana Cruz
Director

Ana Cruz
HW/tr

Enclosures