2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 25, 2005
Secretary of State

DOCUMENT# P04000067703

Entity Name: GETTER DONE SITE WORK, INC.

Current Principal Place of Business:

5500 MAGNOLIA ROAD
ST. CLOUD, FL 34773

New Principal Place of Business:

Current Mailing Address:

5500 MAGNOLIA ROAD
ST. CLOUD, FL 34773

New Mailing Address:

FEI Number: 43-2031095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, GARY W
5500 MAGNOLIA ROAD
ST. CLOUD, FL 34773 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: O ( ) Delete
Name: DAVIS, LISA A
Address: 5500 MAGNOLIA RD
City-St-Zip: ST.CLOUD, FL 34773

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: DAVIS, GARY W
Address: 5500 MAGNOLIA RD
City-St-Zip: ST.CLOUD, FL 34773

Title: 0 ( ) Change (X) Addition
Name: DAVIS, LISA A
Address: 5500 MAGNOLIA RD
City-St-Zip: SAINT CLOUD, FL 34773 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA A DAVIS 0 10/25/2005

Electronic Signature of Signing Officer or Director — Date