

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90080 022 \*\*\*150.00

**DOCUMENT # P04000076328**

1. Entity Name

FLORIDA DRILLING AND BLASTING, INC.



Principal Place of Business

1810 SEACREST AVENUE  
IMMOKALEE FL 33934  
US

Mailing Address

1810 SEACREST AVENUE  
IMMOKALEE FL 33934  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-1115117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NUNEZ, ORALIA  
1810 SEACREST AVENUE  
IMMOKALEE FL 33934

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

*Oralia Nunez*

Signature, typed or printed name of registered agent and full name of applicable.

(NOTE: Registered Agent signature required when reinstating)

2/3/06

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME NUNEZ, RAUL  
STREET ADDRESS 1810 SEACREST AVENUE  
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME NUNEZ, RAJELIO  
STREET ADDRESS 1810 SEACREST AVENUE  
CITY-ST-ZIP IMMOKALEE FL 33934

TITLE ☒ Change ☐ Addition  
NAME *Raul Nunez Jr.*  
STREET ADDRESS *1810 Seacrest Ave.*  
CITY-ST-ZIP *Immokalee, FL 34142*

TITLE VP ☐ Delete  
NAME NUNEZ, RENE  
STREET ADDRESS 1810 SEACREST AVENUE  
CITY-ST-ZIP IMMOKALEE FL 33934

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME NUNEZ, ORALIA  
STREET ADDRESS 1810 SEACREST AVENUE  
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Oralia Nunez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/06