

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90021 050 ***150.00

DOCUMENT # 238464

1. Entity Name

LINKOVICH EXCAVATING, INC.



Principal Place of Business

1632 E NEW YORK AVE
DELAND FL 32724

Mailing Address

1632 E NEW YORK AVE
DELAND FL 32724



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-0907186

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

LINKOVICH, RAY
1632 E NEW YORK AVE
DELAND FL 32724

Name **DAVID LINKOVICH**

Street Address (P.O. Box Number is Not Acceptable)
1632 E. NEW YORK AVE.

DELAND

City

FL

Zip Code
32724

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

David Linkovich

02-08-08

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

(NOTE: Registered Agent signature required when resigning.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 PD
NAME LINKOVICH, DAVID ☐ Delete
STREET ADDRESS 1632 E NEW YORK, AVE
CITY-ST-ZIP DELAND, FL 00000

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

TITLE D ☐ Delete
NAME LINKOVICH, RAY
STREET ADDRESS 1632 E NEW YORK, AVE
CITY-ST-ZIP DELAND, FL 00000

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

TITLE SDT ☐ Delete
NAME LINKOVICH, ANASTASIA
STREET ADDRESS 1632 E NEW YORK, AVE
CITY-ST-ZIP DELAND, FL 00000

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-08

Date

(386)734-4586

Daytime Phone #