# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2008**
**Secretary of State**

DOCUMENT# 258072

**Entity Name:** JOHN SESSA BULLDOZING, INC.

**Current Principal Place of Business:**

17200 PINES BLVD.
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

17200 PINES BLVD.
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number: 59-0995109** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SESSA, JOHN C
17200 PINES BLVD
PEMBROKE PINES, FL 33029 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PSTD | ( ) Delete |
| Name: | SESSA, JOHN C | |
| Address: | 5200 HANCOCK ROAD | |
| City-St-Zip: | FT LAUDERDALE, FL 33330 | |
| Title: | VP | ( ) Delete |
| Name: | CLANCY, SCOTT T | |
| Address: | 9931 WINDING RIDGE LANE | |
| City-St-Zip: | DAVIE, FL 33324 US | |
| Title: | VP | ( ) Delete |
| Name: | SESSA, GARY | |
| Address: | 9911 WINDING RIDGE LANE | |
| City-St-Zip: | DAVIE, FL 33324 US | |
| Title: | VP | ( ) Delete |
| Name: | SESSA, JEFFREY | |
| Address: | 1604 SE 9TH STREET | |
| City-St-Zip: | FT. LAUDERDALE, FL 33316 US | |
| Title: | VP | ( ) Delete |
| Name: | SESSA, MARC D | |
| Address: | 305 SE 7TH STREET | |
| City-St-Zip: | DANIA, FL 33004 US | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN C. SESSA PRES 04/21/2008

Electronic Signature of Signing Officer or Director — Date