

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 258072

FILED  
Mar 20, 2009  
Secretary of State

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

Electronic Signature of Signing Officer or Director

PRES

03/20/2009

\_\_\_\_\_ Date