2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 398529

Entity Name: EXCAVATORS, INC

FILED Jan 13, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

900 NW 8TH AVENUE 900 NW 8TH AVENUE

FORT LAUDERDALE, FL 33311 BLDG. D FORT LAUDERDALE, FL 33311

Current Mailing Address: New Mailing Address:

900 NW 8TH AVENUE 900 NW 8TH AVENUE

FORT LAUDERDALE, FL 33311 BLDG D FORT LAUDERDALE, FL 33311

FEI Number: 59-1392750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FOSTER, IDA MAY STEVENS, KENNETH G 900 NW 8TH AVE 900 NW 8TH AVE

FT LAUDERDALE, FL 33311 US BLDG D
FT LAUDERDALE, FL 33311 US

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: KENNETH STEVENS 01/13/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT () Delete Title: () Change () Addition Name: ELMORE, ROBERT, Name:

 Address:
 900 NW 8TH AVENUE
 Address:

 City-St-Zip:
 FT. LAUD., FL
 City-St-Zip:

Title: AS () Delete Title: AS (X) Change () Addition Name: STEVENS, KENNETH G., Name: STEVENS, KENNETH G.,

 Name:
 STEVENS, KENNETH G.,
 Name:
 STEVENS, KENNETH G.

 Address:
 412 NW 4TH ST.
 Address:
 412 NW 4TH ST.

 City-St-Zip:
 FT. LAUD., FL
 City-St-Zip:
 FT. LAUD., FL 33301

Title: VDS () Delete Title: VDS (X) Change () Addition

 Name:
 FOSTER, IDA
 MAY
 Name:
 STEVENS, KENNETH G

 Address:
 900 NW 8TH AVE
 Address:
 412 NW 4TH STREET

City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: FORT LAUDERDALE, FL 33301

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: ROBERT ELMORE PDT 01/13/2004