

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90139 001 ***150.00

50046900



DOCUMENT # 411982 1. Entity Name TERRA EXCAVATING, INC.					
Principal Place of Business 13400 PINE ST SW LARGO, FL 33774 US			Mailing Address 13400 PINE ST SW LARGO, FL 33774 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAHMAN, MOHAMMAD D ADNAN 8840 9TH STREET NORTH ST.PETERSBURG, FL 33702				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO		TITLE		
NAME	RAHMAN, MOHAMMAD D ADNAN		NAME		
STREET ADDRESS	8840 9TH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33702		CITY-ST-ZIP		
TITLE	EV		TITLE		
NAME	RAHMAN, M. HIKMAN		NAME		
STREET ADDRESS	3137 CARLOS DR		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP		
TITLE			TITLE	VICE-PRESIDENT	
NAME			NAME	NICK KOTIACHE	
STREET ADDRESS			STREET ADDRESS	13400 PINE STREET SW	
CITY-ST-ZIP			CITY-ST-ZIP	LARGO, FL 33774-1521	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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:			4/29/05 727-804-0728		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		