

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 23, 2004 08:00 AM
Secretary of State**

DOCUMENT # 647838	
1. Entity Name PETE'S DRAGLINE SERVICE, INC.	

Principal Place of Business 1905 PHILLIPS RD. ALVA, FL 33920 US	Mailing Address 1905 PHILLIPS RD. ALVA, FL 33920
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1965580	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GRIFFITH, ALLAN T.
9150 CLEVELAND AVENUE SOUTH
FORT MYERS, FL 33907**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS STOREY, PETE 1905 PHILLIPS RD. ALVA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT STOREY, MICKEY H 1905 PHILLIPS RD. ALVA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: Pete Storey Pete Storey Pres. 1-9-04 863-615-1862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #