2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 647838

1. Entity Name
PETE'S DRAGLINE SERVICE, INC.

FILED
07 JUN 11 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06032007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1905 PHILLIPS RD. ALVA, FL 33920 US	1905 PHILLIPS RD. ALVA, FL 33920

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
188 Lawn Ave	188 Lawn Ave
Suite, Apt. #, etc. St. Augustine	Suite, Apt. #, etc. St Augustine
City & State Florida	City & State Florida
Zip: 32084 Country: St Johns	Zip: 32084 Country: St Johns

4. FEI Number: 59-1965580 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Lippes, Harold S
Street Address (P.O. Box Number is Not Acceptable): 800 West Monroe St
City: Jacksonville
State: Florida FL Zip Code: 32202

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: Harold S. Lippes June 2, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS STOREY, PETE 1905 PHILLIPS RD. ALVA, FL	☒ Delete	P/M/S/T KING, EMORY K 188 Lawn Ave St Augustine, Florida 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT STOREY, MICKEY H 1905 PHILLIPS RD. ALVA, FL	☒ Delete	700104425007 06/15/07--01025--022 **71.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$6/11	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X Pete Storey 6-4-07 863 673 6738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #