


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 647838 1. Entity Name PETE'S DRAGLINE SERVICE, INC.						FILED 07 JUL 27 AM 5:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 188 LAWN AVE ST AUGUSTINE, FL 32084 US				Mailing Address 1905 PHILLIPS RD. 188 Lawn Ave ALVA, FL 32920 ST. AUGUSTINE, FL 32084			
2. Principal Place of Business - No P.O. Box # 188 Lawn Ave		3. Mailing Address 188 Lawn Ave					
Suite, Apt., etc. St Augustine		Suite, Apt., etc. St. Augustine					
City & State 		City & State 					
Zip 32084		Country USA		Zip 32084		Country USA	
4. FEI Number 59-1965580				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				07182007 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent LIPPES, HAROLD S 800 WEST MONROE ST JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
Amended AR is \$61.25				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 PMST <input checked="" type="checkbox"/> Delete NAME KING, EMORY K STREET ADDRESS 188 LAWN AVE CITY-ST-ZIP ST AUGUSTINE, FL 32084				TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Angel D. Holton STREET ADDRESS 3241 Stanley Dr. CITY-ST-ZIP ST. AUGUSTINE, FL. 32092-0451			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE PMT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME EMORY K KING STREET ADDRESS 188 Lawn Ave CITY-ST-ZIP ST. Augustine, FL. 32084			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 300105715183 07/27/07--01002--008 **26.25			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 300105715183 07/09/07--01023--028 **43.75			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> 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 _____ July 24, 2007 (904) 669-1520 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date Daytime Phone #</small>							

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