


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90056 014 \*\*\*158.75

<b>DOCUMENT # 686978</b>	
1. Entity Name <b>SOUTHEASTERN EXCAVATING, INC.</b>	

Principal Place of Business <b>17831 40TH RUN. N LOXAHATCHEE FL 33470 US</b>	Mailing Address <b>17831 40TH RUN. N LOXAHATCHEE FL 33470 US</b>
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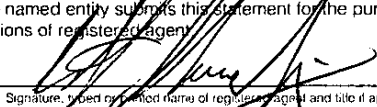
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 1370</b>  Suite, Apt. #, etc.
City & State  <b>Loxahatchee, Florida</b>	City & State  <b>Loxahatchee, Florida</b>
Zip <b>33470</b>	Country <b>USA</b>



1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-2057375</b> <b>59-2027775</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>TRZEPACZ, DAVID R. 17831 40TH RUN N LOXAHATCHEE FL 33470</b>		7. Name and Address of New Registered Agent Name <b>Scott Schoverling</b> Street Address (P.O. Box Number is Not Acceptable) <b>4378 160th Street North</b> City <b>Loxahatchee</b> FL <b>33470</b>

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  **Scott Schoverling** DATE **2/18/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRZEPACZ, GARY 17831 40TH RUN NORTH LOXAHATCHEE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gary Trzepacz 15539 41st Court North Loxahatchee, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRZEPACZ, DAVID 17831 40TH RUN NORTH LOXAHATCHEE, FL 00000 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Scott Schoverling 4378 160th Street North Loxahatchee, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHOUVERLING, SCOTT A 4378 160 AVE N LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mitchell White Jr. 13080 69th Street North Loxahatchee, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Section 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:  **Scott Schoverling** DATE **2/18/06** DAYTIME PHONE # **561-798-9675**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR