

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # 847022

1. Entity Name
DE WITT EXCAVATING, INC.



Principal Place of Business
14463 W. COLONIAL
WINTER GARDEN, FL 34787 US

Mailing Address
14463 W. COLONIAL
WINTER GARDEN, FL 34787 US



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-1818208

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEVERNS, ANN L
2388 BARONS MEACLE COURT
WINTER GARDEN, FL 34787

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	T DEWITT, THOMAS A. 228 E. LAKESHORE DR. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEWITT, THEODORE D 10701 LAKE LOUISA RD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DEWITT, TIMOTHY A. 15405 THOROUGHbred LANE MONTVERDE, FL 34756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEWITT, DALE A. 10215 LAKE LOUISA RD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEVERNS, ANN 2388 BARON MEADE CT WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000538382
05/09/06-80056-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/06 407 6561799