## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 847022**

Title:

Name:

Address:

City-St-Zip:

DE WITT EXCAVATING, INC.

FILED Jan 12, 2009 Secretary of State

Entity Nan	ie: DE WIII	EXCAV	ATING, INC.			
Current Principal Place of Business:				New Principal Place	New Principal Place of Business:	
14463 W. C WINTER G	COLONIAL ARDEN, FL 3	34787	US			
Current Mailing Address:				New Mailing Address:		
14463 W. C WINTER G	COLONIAL ARDEN, FL 3	34787	US			
FEI Number:	38-1818208	FEI Nui	mber Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address o	Name and Address of New Registered Agent:	
SEVERNS, 2388 BARC WINTER G	ANN L ONS MEDE CO ARDEN, FL 3	DURT 34787	US			
The above in the State		submits t	his statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATUR						
Electronic Signature of Registered Agent				t	Date	
Election Carr	paign Financing	j Trust Fu	nd Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP () DEWITT, THOM 228 E. LAKESH CLERMONT, FL	ORE DR.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () DEWITT, THEO 10701 LAKE LC CLERMONT, FL	DUISA RD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	2VP () DEWITT, TIMOT 15405 THOROU MONTVERDE, F	JGHBRED	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANN L SEVERNS SEC 01/12/2009

() Delete

SEVERNS, ANN

2388 BARON MEDE CT

WINTER GARDEN, FL 34787

(X) Change ( ) Addition

SEVERNS, ANN L

2388 BARON MEDE CT

WINTER GARDEN, FL 34787