

2004 FOR PROFIT CORPORATION ANNUAL REPORT

104

FILED

04 APR -5 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04062004 No Chg-P CR2E034 (10/03)

04

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2132432** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAKER, RICHARD W.
2535 SUCCESS DR
ODESSA, FL 33556

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPEER, RICHARD M.
STREET ADDRESS	2535 SUCCESS DR
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	STD
NAME	BAKER, RICHARD W
STREET ADDRESS	2535 SUCCESS DR
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800032224138
04/09/04--01001--024 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *See attached*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Document Number

F46751

Business Entity Name

TAHITIAN EXCAVATING, INC.

FEI Number

592132432

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

2535 SUCCESS DR

Suite, Apt. #, etc.

City, State

ODESSA

FL

Zip Code & Country

33556

US

Mailing Address

Address

2535 SUCCESS DR

Suite, Apt. #, etc.

City, State

ODESSA

FL

Zip Code & Country

33556

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

BAKER, RICHARD W.

Address

2535 SUCCESS DR

Suite, Apt. #, etc.

City, State

ODESSA

FL

Zip Code & Country

33556

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Continue

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Business Entity Name

TAHITIAN EXCAVATING, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title PD
Name (Last, First, Middle, Title)
-or- Entity Name SPEER, RICHARD M.
Street Address 2535 SUCCESS DR
City, State ODESSA FL
Zip Code & Country 33556

Title STD
Name (Last, First, Middle, Title) BAKER RICHARD W
-or- Entity Name
Street Address 2535 SUCCESS DR
City, State ODESSA FL
Zip Code & Country 33556

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the
'Officer/Director Signature' block below. A corporate name is not
allowed in this block.

Title
Officer/Director Signature

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