



2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F63305 1. Entity Name DALE'S BACKHOE SERVICE, INC.					
Principal Place of Business % SYVERTSON, DALE W. 4816 OAKBROOKE PLACE ORLANDO FL 32812				Mailing Address % SYVERTSON, DALE W. 4816 OAKBROOKE PLACE ORLANDO FL 32812	
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 59-2153511				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SYVERTSON, DALE W. 4816 OAKBROOKE PLACE ORLANDO FL 32812				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 NAME STREET ADDRESS CITY ST ZIP	PD SYVERTSON, DALE W. 4816 OAKBROOKE PLACE ORLANDO FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP U000006093087 Change 02/01/07-80045-019 150.00	
TITLE NAME STREET ADDRESS CITY ST ZIP	VD SYVERTSON, RITA, A 4816 OAKBROOKE PLACE ORLANDO FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY ST ZIP	[Empty]	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY ST ZIP	[Empty]	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY ST ZIP	[Empty]	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY ST ZIP	[Empty]	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
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: <i>Dale Syvertson</i> DALE SYVERTSON 1-24-07					