## 2006 FOR PROFIT CORPORATION

## **FILED** Mar 09, 2006 08:00 AM

ANNUAL REPORT				Secretary of State		
DOCUMENT # G51747  1. Entity Name					eci eta	ly of State
BILL GRE	EGORY EXCAVATING, INC.					
Principal Plac 11732 N. US OXFORD, FL	5 HWY 301	Mailing Address COUNTY ROAD 29 P.O. BOX 129 OXFORD, FL 32684-0129			# \$170 SEE BLEET DISE	* 14%
D	O NOT WRITE	CE	02042006 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For 59-2305961 Not Applied For Not Applied For Sq. 2305961  5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GREGORY, WILLIAM W 13346 CR 209 OXFORD, FL 34484				DO NOT		· —
the obligat	named entity submits this statement for thinns of registered agent.	e purpose of changing its register	ed office or register	red agent, or both, in the Sta	te of Florida. Te	am tamiliar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered			ed Agent signature required	d when reinstating)	DAT	TE
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees		
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZWP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P GREGORY, WILLIAM W 13346 CK 209 OXFORD, FL 34484	RECTORS	_		ทิกหักเปลดี) ?1706-800	789 187-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT IN THIS		
ITTLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS						

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 pither like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OFFICER OR DIRECTOR

Date

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CITY-ST-ZIP