2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # G96269 Mar 07, 2005 08:00 AM CENTRAL FLORIDA EXCAVATING AND FILL DIRT. INC. Secretary of State Principal Place of Business Mailing Address 2812 AIRPORT ROAD 2812 AIRPORT ROAD PLANT CITY, FL 33567 US PLANT CITY, FL 33567 US 03012005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2403398 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADNAN RAHMAN, MOHAMMED D DO NOT WRITE 8840 9TH STREET NORTH ST. PETERSBURG, FL 33702 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. organistics typed or printed name of registered agent and title if applicable INOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE ADNAN RAHMAN, MOHAMMED D NAME STREET ADDRESS 8840 9TH STREET NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33702 HILE U00000254070 NAME 03/07/05-80060-015 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP me IN THIS SPACE MAME STREET ADDRESS CITY-SE-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP IJILE NAME STREET ADDRESS CITY-ST-7IP 12. Thereby 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 supplied with this him does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes, Truther certifying that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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 attachymort with an address, with all other like empowered.

Date

Dayline Phone #

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR