


2005 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90377 014 ***150.00

DOCUMENT # H79570		
1. Entity Name ALL-PRO BOBCAT & EXCAVATING, INC.		

Principal Place of Business 9384 159TH CT. N. JUPITER FL 33478 US	Mailing Address 9384 159TH CT. N. JUPITER FL 33478 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2551887		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BANASIAK, RORY 9384 159TH CT. N. JUPITER FL 33478		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BANASIAK, RORY (CHAIR)			NAME			
STREET ADDRESS	BOX 2104 NO ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL			CITY-ST-ZIP			
TITLE	VST BANASIAK, KAREN	<input checked="" type="checkbox"/> Delete		TITLE	VST BANASIAK KAREN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BANASIAK, KAREN			NAME	BANASIAK KAREN		
STREET ADDRESS	BOX 2104			STREET ADDRESS	BOX 2104		
CITY-ST-ZIP	JUPITER FL			CITY-ST-ZIP	JUPITER FL		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Rory Banasiak **RORY BANASIAK** 4-15-05 (561) 747-4412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #