


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90029 048 ***158.75

DOCUMENT # J21511

1. Entity Name
RON'S TRUCKING & EXCAVATING, INC.



Principal Place of Business
**% RONALD CICCARIANO
4613 N UNIVERSITY DR #203
CORAL SPRINGS, FL 33067**

Mailing Address
**% RONALD CICCARIANO
4613 N UNIVERSITY DR #203
CORAL SPGS, FL 33067**

40018821



2. Principal Place of Business - No P.O. Box #
1747 Ripley Run

Suite, Apt. #, etc.
Bldg 6

City & State
Wellington FL

Zip
33414

Country
Palm Bch

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

02142007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2709156

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CICCARIANO, SHIRLEY
6479 BAY ISLAND COURT
WEST PALM BEACH, FL 33411**

7. Name and Address of New Registered Agent

Name **Ronald R Cicciano**

Street Address (P.O. Box Number is Not Acceptable)
1747 Ripley Run Bldg 6

City **Wellington** FL Zip Code **33414**

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: *Ron Cicciano* DATE: 2/14/07

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CICCARIANO, RONALD R 6479 BAY ISLAND COURT WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CICCARIANO, SHIRLEY A 6479 BAY ISLAND COURT WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POS Cicciano Ronald R 1747 Ripley Run Bldg 6 Wellington FL 33414 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 1747 Ripley Run Bldg 6 Wellington FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 other like empowered.

SIGNATURE: *Ron Cicciano* DATE: 2/14/07 DAYTIME PHONE #: (954) 868-9381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR