


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 CICCARIO 4613 N UNIVERSITY DR #203 CORAL SPRINGS, FL 33067	Mailing Address % RONALD CICCARIO 4613 N UNIVERSITY DR #203 CORAL SPGS, FL 33067
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2. Principal Place of Business - No P.O. Box # 1747 Ripley Run	3. Mailing Address
Suite, Apt. #, etc. Blag 6	Suite, Apt. #, etc.
City & State Wellington FL	City & State
Zip 33414	Country Palm Bch

40018861



02142007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2709156	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CICCARIO, SHIRLEY 6479 BAY ISLAND COURT WEST PALM BEACH, FL 33411	7. Name and Address of New Registered Agent Name Ronald R Ciccario Street Address (P.O. Box Number is Not Acceptable) 1747 Ripley Run Blag 6 City Wellington FL Zip Code 33414
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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 **Ron Ciccario** 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CICCARIO, RONALD R 6479 BAY ISLAND COURT WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	POST Ciccario Ronald R 1747 Ripley Run Blag 6 Wellington FL 33414 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 Ciccario** DATE **2/14/07** DAYTIME PHONE # **(954) 868-9381**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR