2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# J29706

Entity Name: SPIVEY UTILITY CONSTRUCTION COMPANY

Current Principal Place of Business:

13338 INTERLAKEN ROAD
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

13338 INTERLAKEN RD
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 59-2742339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWARTZ, RONALD R.
18045 JORENE RD.
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: SPIVEY, JIM V
Address: 14315 WADSWORTH DRIVE
City-St-Zip: ODESSA, FL 33556

Title: DPT ( ) Delete
Name: SPIVEY, SANDRA L.
Address: 5852 S. GARCIA RD
City-St-Zip: HOMOSASSA, FL 34448

Title: DV ( ) Delete
Name: SPIVEY, DANIEL E.,
Address: 13019 ROYAL GEORGE AVENUE
City-St-Zip: ODESSA, FL 33556

Title: S ( ) Delete
Name: LAZAR, COLETTE S,
Address: 3324 HAYSTACK RD
City-St-Zip: ZEPHYRHILLS, FL 33543

Title: DV ( ) Delete
Name: SPIVEY, STEVE E.
Address: 28315 SONNY DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: DV ( ) Delete
Name: SPIVEY, TIM M
Address: 14521 BOLAND AVE
City-St-Zip: SPRING HILL, FL 34610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA SPIVEY DPT 01/27/2005

Electronic Signature of Signing Officer or Director Date