

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90043 011 ***150.00

DOCUMENT # J41836

1. Entity Name

A C EXCAVATING, INC.



Principal Place of Business

% ANITA SHONTZ
1678 ALGONQUIN DR.
CLEARWATER FL 33755
US

Mailing Address

% ANITA SHONTZ
1678 ALGONQUIN DR.
CLEARWATER FL 33755
US

94026440



MOORE CR2E034 (11/03)

2. Principal Place of Business

7615 W. NEWCASTLE CT

3. Mailing Address

7615 W NEWCASTLE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNNELLON FL

City & State

DUNNELLON FL

4. FEI Number

59-2786516

Applied For

Not Applicable

Zip

34433

Country

USA

Zip

34433

Country

USA

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

6. Name and Address of Current Registered Agent

SHONTZ, ANITA
1678 ALGONQUIN DR.
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7615 W NEWCASTLE CT

City

DUNNELLON

FL

Zip Code

34433

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE STD ☐ Delete
NAME SHONTZ, ANITA
STREET ADDRESS 1678 ALGONQUIN DR.
CITY-ST-ZIP CLEARWATER FL

TITLE PD ☐ Delete
NAME SHONTZ, CARY I.
STREET ADDRESS 1678 ALGONQUIN DR.
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7615 W. NEWCASTLE CT
CITY-ST-ZIP DUNNELLON FL 34433

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7615 W. NEWCASTLE CT
CITY-ST-ZIP DUNNELLON FL 34433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/04 (352) 795-5220