

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90092 010 ***150.00

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| DOCUMENT # J89708 1. Entity Name AMERICAN BORROW PIT, INC. | | | | | |
| Principal Place of Business 6841 CR 579 SEFFNER, FL 33584 US | | | Mailing Address P.O. BOX 1305 THONOTOSASSA, FL 33592 | | |
| 2. Principal Place of Business <i>MAIL RENEWAL TO</i> ERNEST A BRADY JR | | 3. Mailing Address 120 N. BROAD ST. SUITE 102 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 102 | | | |
| City & State B | | City & State BROOKSVILLE FLA. | | 4. FEI Number 59-2910249 | |
| Zip | | Zip 34601 | | Country HEARNANDO | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BRADY, ERNEST A. JR 120 E. BROAD ST. BROOKSVILLE, FL 34601 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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: <i>Ernest A. Brady Jr</i> (NOTE: Registered Agent signature required when reinstating) DATE: | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BRADY, ERNEST 120 EAST BROAD ST. BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP BRADY, CAROLYN 120 E. BORAD ST. BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 | |
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| 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: <i>Ernest A. Brady Jr</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 3-31-05 Date Daytime Phone # | | |