2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2007 8:00 am Secretary of State

DOCUMENT # J89708 1. Entity Name AMERICAN BORROW PIT, INC.						02-26-2007 90066 003 ***150.00				
Principal Place of Business ATT: ERNEST A BRADY 6841 CR 579 SEFFNER, FL 33584 US			Mailing Address 120 N. BROAD ST. SUITE 102 BROOKSVILLE, FL 34601		•	40024274		(E) S	11 8:0 11 8:11 16 011	
		ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02202007	Chg-P	CR2E0	34 (12/06)	
City & State			City & State			4. FEI Numb 59-291				oplied For ot Applicable
Zíp	Zip Country		Zip	Zip Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	7. Name and Address of New Registered Agent							
BRADY, ERNEST A. J					Name Ernest A Brady					
120 E. BR		34601	Street Address (P.O. Box Number is Not Acceptable)							
						North B	road Street		ite 10	2
					City Brooksville FL Zip Code 34601					
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 reduired when reinstating) DATE DATE										
		FEE IS \$150.00 7 Fee will be \$550.	aign Finar itribution.		5.00 May Be ided to Fees					
10.		OFFICERS AND		11.		ADDITIONS	CHANGES TO OFFIC	ERS AND	***************************************	S IN 11
TITLE	DP	CONCOT	☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		BROAD ST. VILLE, FL 34601			ET ADDRESS -ST-ZIP	120 Nort Brooksvi	h Broad Str 11e FL 3460	eet,	Suite	102
TITLE	DVP		☐ Delete	TITLE	l				K) Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	120 E. BORAD ST.				ET ADDRESS -ST-ZIP		h Broad Str 11e FL 3460		Suite	102
NAME STREET ADDRESS CITY-ST-ZIP			☐ Celete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	CITY	E ET ADDRESS - ST- ZIP				☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filling 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.										