


**2005 FOR PROFIT CORPORATION
-ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # K77552 1. Entity Name RAY PHILLIPS EXCAVATING, INC.			
Principal Place of Business 2929 CLAY WHALEY ROAD ST. CLOUD, FL 34772 US		Mailing Address 2929 CLAY WHALEY RD ST. CLOUD, FL 34772 US	
DO NOT WRITE IN THIS SPACE			
		01142005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2941560	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHILLIPS-YORKS, LINDA 2929 CLAY WHALEY ROAD ST. CLOUD, FL 34772		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	U00000254504 03/07/05-80075-008 150.00
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS-YORKS, LINDA 2929 CLAY WHALEY ROAD SAINT CLOUD, FL 34772		
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		DO NOT WRITE IN THIS SPACE	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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>Linda Phillips-Yorks</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-3-05 <small>Date</small>	407-892-2169 <small>Daytime Phone</small>