

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90072 010 \*\*\*\*50.00

|   |  |                     |  |   |  |
|---|--|---------------------|--|---|--|
| <b>DOCUMENT # L03000052484</b><br>1. Entity Name<br><b>K &amp; G EXCAVATING, LLC</b>  |  |                     |  |   |  |
| Principal Place of Business<br><b>4944 MARTIN LUTHER KING JR. BLVD.<br/>PLANT CITY, FL 33566 US</b>   |  |                     | Mailing Address<br><b>P.O. BOX 3784<br/>PLANT CITY, FL 33563 US</b>  |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. |  |   |  |
| City & State  |  | City & State        |  |   |  |
| Zip   | Country  | Zip                 | Country  |   |  |
| 6. Name and Address of Current Registered Agent   |  |                     | 7. Name and Address of New Registered Agent  |   |  |
| <b>BARRON, LETTICHIA I</b><br><b>4942 MARTIN LUTHER KING JR. BLVD.</b><br><b>PLANT CITY, FL 33566</b>   |  |                     | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____  |  |                     |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  |                     |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |                     | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM</b><br><b>BARRON, EUGENE</b><br><b>4942 MARTIN LUTHER KING JR. BLVD.</b><br><b>PLANT CITY, FL 33566</b> <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM</b><br><b>BARRON, KEVIN P</b><br><b>4938 MARTIN LUTHER KING JR. BLVD.</b><br><b>PLANT CITY, FL 33566</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM</b><br><b>Lettichia I. Barron</b><br><b>4942 Martin Luther King Jr. Blvd.</b><br><b>Plant City, FL 33566</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |                     |  |   |  |
| <b>SIGNATURE:</b> <i>Lettichia I Barron</i> <b>Lettichia I. Barron</b>  |  |                     | Date <b>1/24/05</b> Daytime Phone # <b>(813) 719-7812</b>  |   |  |

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4. FEI Number **61-1461995** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required