



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 20 AM 10:55

DOCUMENT # L04000024192 1. Entity Name ALMIGHTY EXCAVATING LLC		
Principal Place of Business 1140 REED GROVE ROAD OAK HILL, FL 32759 US		Mailing Address 1140 REED GROVE ROAD OAK HILL, FL 32759 US
2. Principal Place of Business 1140 Reed Grove Road Suite, Apt. #, etc.	3. Mailing Address 1140 Reed Grove Road Suite, Apt. #, etc.	
City & State Oak Hill, FL Zip 32759	City & State Oak Hill, FL Zip 32759	4. FEI Number 07112005 Chg-LLC CR2E083 (10/03)
Country Volusia	Country Volusia	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SHOCKLEE, RANDALL E JR. 1140 REED GROVE ROAD OAK HILL, FL 32759		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 _____ (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE MGR <input type="checkbox"/> Delete NAME SHOCKLEE, RANDALL E JR. STREET ADDRESS 1140 REED GROVE ROAD CITY-ST-ZIP OAK HILL, FL 32759	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 400060836004 STREET ADDRESS 10/20/05--01067--012 **155.00 CITY-ST-ZIP REINSTATEMENT - 2005	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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.		
SIGNATURE: <u>Randall E Shocklee JR</u>		Date: <u>10-17-05</u>
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #