

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079341

FILED
Apr 24, 2007
Secretary of State

Entity Name: DSR TRUCKING & EXCAVATING LTD. CO

Current Principal Place of Business:

8249 ULMERTON RD
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

8249 ULMERTON RD
LARGO, FL 33771

New Mailing Address:

FEI Number: 20-5383332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURTON, REESE
1322 SEAGATE DR #103
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STINEMAN, CHRIS
Address: 134 31ST AVE N
City-St-Zip: ST PETERSBURG, FL 33704

Title: MGR () Delete
Name: DIGIONDOMENICO, JUSTIN
Address: 31790 US HIGHWAY 19 N #80
City-St-Zip: PALM HARBOR, FL 34685

Title: MGR (X) Delete
Name: REESE, BURTON
Address: 1322 SEAGATE DR #103
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STINEMAN, CHRISTOPHER
Address: 134 31ST AVE N
City-St-Zip: ST PETERSBURG, FL 33704

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER STINEMAN

MGR

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date