2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P00000035643 Jan 31, 2006 08:00 AN 1. Entity Name **Secretary of State** HETZEL LAND CLEARING AND EXCAVATING, INC. Principal Place of Business Mailing Address 8793 S.E. 64TH AVENUE OCALA FL 34472 8793 S.E. 64TH AVENUE OCALA FL 34472 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 59-3600199 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HETZEL, BRADLEY D Street Address (P.O. Box Number is Not Acceptable) 8793 S.E. 64TH AVENUE **OCALA FL 34472** City 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rejustating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO DFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change HETZEL, BRADLEY D NAME 1/00000408917 NAME STREET ADDRESS 8793 S.E. 64 AVE STREET ADDRESS 02/08/06-80078-016 150.00 CITY-ST-ZIP City-ST-ZIP OCALA FL 34472 ☐ Change ☐ A.b." TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Detete TITLE Change Arg. TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Changé □ Ad TITLE NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Aric TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change THLE ☐ Delete TITLE TIA: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the Information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inflormation 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 directly 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 if changed, or on an attachment with an address, with all other like empowered

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