2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) FILED DOCUMENT # P00000035643 Jan 24, 2007 08:00 AM **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 - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 59-3600199 Not Applicable Ζıp Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo 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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TUTE Delete TITLE HETZEL, BRADLEY D NAMI NAME U00000600939 01/26/07-80030-014 150.00 8793 S.E. 64 AVE STREET ADORESS STREET ADDRESS OCALA FL 34472 CHY-S1-7IP CHY-SI-ZIP ☐ Change ☐ Dolete Addition STREET ADDRESS STREET ADDRESS CITY - ST - 7(P CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-/IP CRY-S1-7IP THUE Delete DILLE Change ☐ Addition NAME. NAM STHEET ADDRESS SERFE LADDRESS CITY-ST-7IP CITY ST ZIP ☐ Defete Change ■ Addition NAMI STRLET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-S1-7IP HILL Change Addition THILL ☐ Delete

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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.

NAME

STRUCT ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

radley D. Hetzel 1-22-07