

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000049157

FILED
Apr 10, 2006
Secretary of State

Entity Name: PHIL ROBERTS EXCAVATING, INC.

Current Principal Place of Business:

850 W. SOUTHPORT ROAD
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

850 W. SOUTHPORT ROAD
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 59-3648612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURMAN, DEAN K
12598 KIRBY SMITH ROAD
ORLANDO, FL 32832 US

Name and Address of New Registered Agent:

ROBERTS, PHIL S
850 W. SOUTHPORT ROAD
KISSIMMEE, FL 34746 US

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: PHIL ROBERTS

04/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBERTS, PHIL
Address: 850 W. SOUTHPORT RD
City-St-Zip: KISSIMMEE, FL 34746

Title: DR () Delete
Name: ROBERTS, REGINA
Address: 850 W SOUTHPORT RD
City-St-Zip: KISSIMMEE, FL 34746

Title: ST () Delete
Name: ROBERTS, MARGUERITE I
Address: 138 CALIFORNIA AVENUE
City-St-Zip: ST CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: ROBERTS, MARGUERITE I
Address: 2322 HIDDEN LAKES ST
City-St-Zip: KISSIMMEE, FL 34741

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHIL ROBERTS

PD

04/10/2006

Electronic Signature of Signing Officer or Director

Date