# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2012**
**Secretary of State**

DOCUMENT# P00000049157

**Entity Name:** PHIL ROBERTS EXCAVATING, INC.

**Current Principal Place of Business:**

850 W. SOUTHPORT ROAD
KISSIMMEE, FL 34746

**New Principal Place of Business:**

850 W. SOUTHPORT ROAD
KISSIMMEE, FL 34746 US

**Current Mailing Address:**

850 W. SOUTHPORT ROAD
KISSIMMEE, FL 34746

**New Mailing Address:**

850 W. SOUTHPORT ROAD
KISSIMMEE, FL 34746 US

**FEI Number: 59-3648612** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: REGINA ROBERTS DR 04/30/2012

Electronic Signature of Signing Officer or Director — Date