



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000056508 1. Entity Name AL'S DOZER SERVICES OF PLANT CITY, INC.			
Principal Place of Business 2206 WILLIAMS ROAD PLANT CITY, FL 33565		Mailing Address 2206 WILLIAMS ROAD PLANT CITY, FL 33565	
DO NOT WRITE IN THIS SPACE			
		07092007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3531009 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUAGLIANI, ALBERT M 2206 WILLIAMS ROAD PLANT CITY, FL 33565		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		000000769158 07/16/07-80016-019 150.00 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	QUAGLIANI, ALBERT M		
STREET ADDRESS	2206 WILLIAMS ROAD		
CITY- ST- ZIP	PLANT CITY, FL 33565		
TITLE			
NAME			
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NAME			
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CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Albert M Quagliani</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7-13-07 813-752-7459 <small>Date Daytime Phone #</small>	