


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000030369	
1. Entity Name B & D UTILITY REHAB & ERECTION, INC.	

Principal Place of Business 5300 WASHINGTON ST, APT. K221 HOLLYWOOD, FL 33021	Mailing Address 5300 WASHINGTON ST, APT. K221 HOLLYWOOD, FL 33021
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DEL'ORTO, PETER 5300 WASHINGTON ST, APT. K221 HOLLYWOOD, FL 33021	
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01282005 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-1093486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

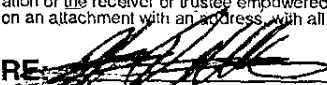
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-filing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DEL'ORTO, PETER 5300 WASHINGTON ST, APT. K221 HOLLYWOOD, FL 33021
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  Peter DELL'ORTO Pres. 2/20/05/ 966-3055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #