2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State
03-03-2005 90173 012 ***150.00

DOCUMENT # P01000031615

1. Entity Name
G & S EXCAVATING INC.

Principal Place of Business	Mailing Address
3090 GULF BREEZE PKWY GULF BREEZE, FL 32563	3090 GULF BREEZE PKWY GULF BREEZE, FL 32563

01252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2893 N. 30th Ave	2893 N. 30th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Milton, Fl.	City & State: Milton, Fl.
Zip: 32583 Country: Santa Rosa	Zip: 32583 Country: Santa Rosa

4. FEI Number: 59-3708766 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GOLL, JOCEILL C
3090 GULF BREEZE PKY
GULF BREEZE, FL 32563

7. Name and Address of New Registered Agent
Name: Joceill C. Goll
Street Address (P.O. Box Number is Not Acceptable): 2893 N. 30th Avenue
City: Milton FL Zip Code: 32583

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: Joceill C. Goll DATE: 2-1-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: GOLL, JOCIELL STREET ADDRESS: 3090 GULF BREEZE PKY. CITY-ST-ZIP: GULF BREEZE, FL 32563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Joceill Goll 2893 N. 30th Ave. Milton, Fl. 32583 President	☑ Change ☐ Addition
TITLE: V NAME: SNYDER, PHILIP A STREET ADDRESS: 8721 ROBIN WOOD CIRCLE CITY-ST-ZIP: MILTON, FL 32583	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joceill C. Goll 2-1-05 850-994-0973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #