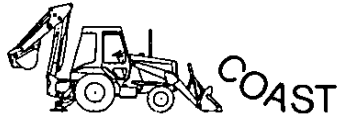


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-14-2005 90092 017 \*\*\*150.00  
P01000063087

10f

<b>DOCUMENT # P01000063087</b> 1. Entity Name <b>LONGFRONTS, INC.</b>					
Principal Place of Business <b>3911 WATER STREET ELLENTON FL 34222</b>			Mailing Address <b>3911 WATER STREET ELLENTON FL 34222</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-1126374</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Barcode:	
6. Name and Address of Current Registered Agent <b>BLOWS, DOUGLAS EDWARD 3911 WATER STREET ELLENTON FL 34222</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <b>3/10/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BLOWS, DOUGLAS EDWARD 3911 WATER STREET ELLENTON FL 34222</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <b>7/19/05</b> <b>941 729 85 66</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



BACKHOE RENTAL INC.

3911 WATER STREET, ELLENTON, FLORIDA 34222

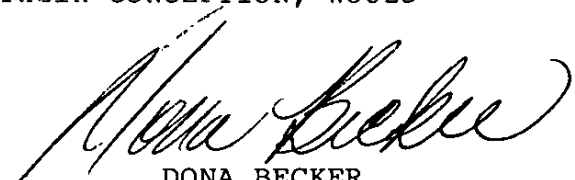
DOUGLAS E. BLOWS  
(941) 729-8566  
(941) 729-4381 Fax

7/19/05

DIVISION OF CORPORATIONS  
TALLAHASSEE, FL.

PLEASE BE ADVISED THAT OUR OFFICE NEVER RECIEVED YOUR  
LETTER#3505A00019722, WHEREIN YOU REQUESTED CORRECTION  
OF OUR LONGFRONTS INC. FILING.

WHEN YOU CONSIDER OUR EXEMPLARY RECORD OF FILING ON TIME  
FOR BOTH OUR CORPORATIONS SINCE THEIR CONCEPTION, WOULD  
WE JUST IGNORE SUCH A LETTER?



DONA BECKER  
OFFICE MANAGER

COAST BACKHOE RENTAL INC.  
LONGFRONTS INC.