## 2005 FOR PROFIT, CORPORATION **FILED** ANNUAL REPORT Mar 25, 2005 08:00 AM DOCUMENT # P01000103311 **Secretary of State** 1. Entity Name LANDMARK EXCAVATION, INC. Principal Place of Business Mailing Address 14074 TEMPLE BLVD. 14074 TEMPLE BLVD. LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 01212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 04-3633797 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANGIALETTO, MARK L DO NOT WRITE 14074 TEMPLE BLVD. IN THIS SPACE LOXAHATCHEE, FL 33470 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees

After May 1, 2005 Fee will be \$550.00

OFFICERS AND DIRECTORS 10. Ρ TITLE MANGIALETTO, MARK L NAME STREET ADDRESS 14074 TEMPLE BLVD. LOXAHATCHEE, FL 33470 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000276376 03/25/05-80037-023 1**50.00** 

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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	: _/
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Daytime Phone #