

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000004467

1. Entity Name
DALE'S EXCAVATION, INC.



Principal Place of Business

6137 SR SR 47
HWY 47
LAKE CITY, FL 32024

Mailing Address

6139 SW SR 47
LAKE CITY, FL 32024

FILED
Jun 20, 2008 08:00 AM
Secretary of State



06192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 01-0574774 | 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

PEELER, KATHRYN E
6139 SW SR 47
LAKE CITY, FL 32024

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE P
NAME PEELER, WALTER D
STREET ADDRESS 6139 SW SR 47
CITY-ST-ZIP LAKE CITY, FL 32024

TITLE VP
NAME PEELER, RANDALL D
STREET ADDRESS 6139 SW SR 47
CITY-ST-ZIP LAKE CITY, FL 32024

TITLE VP
NAME PEELER, WILLIAM H
STREET ADDRESS 6139 SW SR 47
CITY-ST-ZIP LAKE CITY, FL 32024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000953280
06/20/08-80001-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WALTER Dale Peeler 6/19/08 3867551699