


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90210 015 ***150.00

DOCUMENT # P02000018880
 1. Entity Name
ABSOLUTE BOBCAT EXCAVATING & HAULING, INC.



Principal Place of Business Mailing Address
950 VIRGINIA AVENUE **950 VIRGINIA AVENUE**
ALTAMONTE SPRINGS, FL 32714 **ALTAMONTE SPRINGS, FL 32714**

54039236



2. Principal Place of Business 3. Mailing Address
950 Virginia Avenue **950 Virginia Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
950 Virginia Avenue **950 Virginia Avenue**

02112004 Chg-P CR2E034 (10/03)

City & State City & State
Altamonte Springs, FL **Altamonte Springs, FL**
 Zip Country Zip Country
32701 **USA** **32701** **USA**

4. FEI Number Applied For
59-3736986 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ATHEY, BRYAN W
950 VIRGINIA AVENUE
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent
 Name **Bryan W. Athey**
 Street Address (P.O. Box Number is Not Acceptable)
950 Virginia Avenue
 City **Altamonte Springs, FL** Zip Code **32701**

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:  DATE: **4/14/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

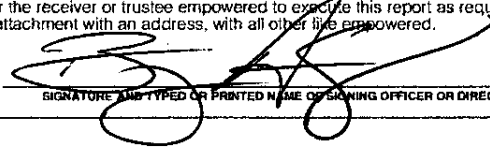
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ATHEY, BRYAN W	950 VIRGINIA AVENUE	ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Athey, Bryan W	950 Virginia Avenue	Altamonte Springs, FL 32701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 file empowered.

SIGNATURE:  DATE: **4/14/04** DAYTIME PHONE #: **407-376-6540**

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