

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90056 001 ***150.00

DOCUMENT # P02000018880

1. Entity Name
ABSOLUTE BOBCAT EXCAVATING & HAULING, INC.



Principal Place of Business
950 VIRGINIA AVENUE
950 VIRGINIA AVENUE
ALTAMONTE SPRINGS, FL 32701 US

Mailing Address
950 VIRGINIA AVENUE
950 VIRGINIA AVENUE
ALTAMONTE SPRINGS, FL 32701 US

400-2-...



2. Principal Place of Business
317 Kimberly Court

3. Mailing Address
317 Kimberly Court

Suite, Apt. #, etc.

02232006 Chg-P CR2E034 (11/05)

City & State
Sanford, FL

City & State
Sanford, FL

Zip
32771

Country
USA

Zip
32771

Country
USA

4. FEI Number
59-3736986

Applied For
 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 32701

7. Name and Address of New Registered Agent

Name
Bryan Athey

Street Address (P.O. Box Number is Not Acceptable)
317 Kimberly Court

City **Sanford** FL Zip Code **32771**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME ATHEY, BRYAN W	
STREET ADDRESS 950 VIRGINIA AVENUE	
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Bryan Athey	
STREET ADDRESS 317 Kimberly Court	
CITY-ST-ZIP Sanford, FL 32771	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Bryan Athey 2/22/06 407-549-7336

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