


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-19-2004 90317 038 \*\*\*150.00  
FILED

04 MAY -4 PM 12:15

TALLAHASSEE, FLORIDA

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DOCUMENT #		P02000039583		
1. Entity Name		EARTHWORK CONCEPTS INC.		

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9930 S. LECANTO HWY	P.O. BOX 1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
LECANTO, FL 34461	LECANTO, FL 34460	75-3064931	Not Applicable
Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
34461	CITRUS	<input type="checkbox"/>	

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7. Name and Address of Current Registered Agent	
Name	DANNY G. MOMAN
Street Address (P.O. Box Number is Not-Acceptable)	
	9930 S. LECANTO HWY
City	LECANTO FL Zip Code 34461

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 \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	P/S/T	TITLE	
NAME	Danny G. Moman	NAME	
STREET ADDRESS	9930 S. Lecanto Hwy	STREET ADDRESS	
CITY-ST-ZIP	LECANTO, FL 34461	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Danny G. Moman April 13, 2004  
DANNY G. MOMAN President