FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-19-2004 90317 038 ***150.00

DOCUMENT # PO2000(1. Entity Name Po2000(EARTHWORK CONCEPTS INC.	39583		04 MAY -4 PM 12: 15 TALLAHASSEE, FLORIDA	
DO NOT WRITE 2. Principal Place of Business	IN THIS SPAC	E .	94056563	 }
9930 S.LECANTO HWY Suite. Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State LECANTO, FL 34461 Zip Country	City & State LECANTO FT. 34460 Zip Cour	ntry	4. FEI Number 75–3064931 5. Certificate of Status Desired \$8.7	Applied For Not Applicable 75 Additional
34461 CITRUS	34460	ITRUS	Fee F Name and Address of Current Registered Age	Required
DANNY G. MC			VY G. MOMAN	
DO NOT WR		- Street Address (P.O. Box Number is Not-Acceptable)		
IN THIS SPACE		9930 S. LECANTO HWYI		
		City LEC!	WIO LE	^{Sp Code} 34461
The above named entity submits this statement for the the obligations of registered agent.	e purpose of changing its register	ed office or registere	id agent, or both, in the State of Florida. I am familia	r with, and accept
CIGHAZARG				
SIGNATURE Signature, typed to printed name of (expicience agent and tible # applicable. (NOTE: Registered Agent signature required when reinstaling) DATE DISTRIPT THE MAY SEE TO \$150,00				
After May 1, Fee is \$550,00 Amended UBR is \$61,25 Make Check Payable to Florida Department of St	ate:		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. OFFICERS AND DIF	RECTORS SOURCE	e e year op een		
NAME P/S/T Danny G. Moman				20.00
GITY-SI-ZIP 9930 S. Lecanto Hwy Lecanto, FL 34461	通常性质	ET ADOMESS ST. 719		2
TITLE DECEMICO, FL 34461	TITLE NAME	CAN STATE OF THE S		3 C C C C C C C C C C C C C C C C C C C
STREET ADDRESS	2 STHE	ET ADDRESS (%) (#1)		
CITY-ST-ZIP	1 - GIN	ST ZIP		
NAME STREET ADDRESS				
CNY-ST-ZIP		ET ACCHESS ST. ZIP	DO NOT WRITE	
TITLE NAME	Since Sport		IN THIS SPACE	
STREET ADDRESS CITY-SI-ZIP	Sing	ET ACCRESS		
TITLE	in the second se	ST ZIP		
NAME Street address	- NASA			
City-St-ZiP	Transfer of the second	SI-ZIP		
TITLE NAME	SITUE STATE			18.45
STREET ADDRESS	STREET	TADORESS		
12. I hereby certify that the information supplied with this	s filing does not qualify for the exer	Action of the line bearing and the	tion 113 07(3)(i) Florida Statutes I further certify tha	t the information
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 eath; that I am an officer or director of the corporation or the receiver or trustee encouraged of execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or on an extractional true and exercise in the exercise of the corporation of the receiver or trustee encouraged.				
attachment with an address, with all other like empowered.				
SIGNATURE: Name April 13, 2004 DANNY G. MOMAN President				