

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

2. **FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90062 032 \*\*\*150.00

DOCUMENT # P02000052357

1. Entity Name  
GULFIDE EXCAVATING, INC.



Principal Place of Business  
160 CANDY LANE  
PALM HARBOR, FL 34683

Mailing Address  
160 CANDY LANE  
PALM HARBOR, FL 34683

66003476



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2283655

Applied For  
Not Applicable

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

8. Name and Address of Current Registered Agent

BACHMAN, KEVIN C  
166 CANDY LANE  
PALM HARBOR, FL 34683

**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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NAVICKAS, GUY S
STREET ADDRESS	1120 ILLINOIS AVE.
CITY - ST - ZIP	PALM HARBOR, FL 34683
TITLE	V
NAME	BACHMAN, KEVIN C
STREET ADDRESS	166 CANDY LANE
CITY - ST - ZIP	PALM HARBOR, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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: Guy S. Navickas Guy S. NAVICKAS (Pres) 3-10-08 727-418-7058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #