


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000066783 1. Entity Name EXCAVATION UTILITY SPECIALIST, INC.	
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Principal Place of Business 5171 EAGLES NEST DR. LAKELAND, FL 33810	Mailing Address 5171 EAGLES NEST DR. LAKELAND, FL 33810
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01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0712064	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LASMAN LAW FIRM, P.A.
115 PROVIDENCE ROAD
BRANDON, FL 33511

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	D COOK, BEN A 5171 EAGLES NEST DR. LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, MARY K 5171 EAGLES NEST DR. LAKELAND, FL 33810
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05/02/05-80061-005 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Kay Cook Mary Kay Cook Vice Pres. 4/15/05 8638605337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #