2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/22

FILED
Jun 04, 2004 8:00 am
Secretary of State

04-22-2004 90104 018 ***150.00

MOORE CR2E034 (11/03)

DOCUMENT # P02000122772

1. Entity Name

NEW WORLD EXCAVATION, INC.

Principal Place of Business	Mailing Address
933 LAKE ELSIE DRIVE TAVARES FL 32778 US	POST OFFICE BOX 597 ASTATULA FL 34705-0597

332 Pine Cone DR. Davenport FL 33897

2. Principal Place of Business	3. Mailing Address
PO Box 597	332 Pine Cone DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Astatula FL 34705 0597	Davenport FL 33897
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 54-2087621 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABRAHAM, GERARD 933 LAKE ELSIE DRIVE TAVARES FL 32778	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ABRAHAM, GERARD 933 LAKE ELSIE DRIVE TAVARES FL 32778 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Gerard Abraham 6-1-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #