

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Amended Annual  
Report

DOCUMENT # P03000011859

1. Entity Name

CORMAR EXCAVATING, INC.



FILED

04 JUL 20 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E034 (4/04)

Principal Place of Business

5950 SR 82  
IMMOKALEE FL 34142  
US

Mailing Address

5950 SR 82  
IMMOKALEE FL 34142  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

27-0044133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

INCORPORATE USA, INC.  
3150 SANDY RIDGE DR  
CLEARWATER FL 33758

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

000040031060

08/11/04--01062--006 \*\*\$1.25

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ASHLEY, MARK  
STREET ADDRESS 612 NASSAU ST  
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition  
NAME Hoyt Holbrooks  
STREET ADDRESS 1207 Carson Road  
CITY-ST-ZIP Immokalee FL 34142

TITLE Vice President ☒ Change ☐ Addition  
NAME Mark Ashley  
STREET ADDRESS 612 Nassau St.  
CITY-ST-ZIP Immokalee FL 34142

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/04  
Date

239-657-

5232  
Daytime Phone #