

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90003 002 ***550.00

DOCUMENT # P03000011859
 1. Entity Name
CORMAR EXCAVATING, INC.



Principal Place of Business Mailing Address
5950 SR 82 **5950 SR 82**
IMMOKALEE, FL 34142 US **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



01102006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33758

4. FEI Number
27-0044133

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	<input checked="" type="checkbox"/> Delete
NAME	ASHLEY, MARK	
STREET ADDRESS	612 NASSAU ST	
CITY-ST-ZIP	IMMOKALEE, FL 34142	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOUT, HOLBROOKS	
STREET ADDRESS	1207 CARSON ROAD	
CITY-ST-ZIP	IMMOKALEE, FL 34142	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ASHLEY, MARK	
STREET ADDRESS	612 NASSAU ST	
CITY-ST-ZIP	IMMOKALEE, FL 34142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoyt Holbrooks	
STREET ADDRESS	1207 Carson Rd.	
CITY-ST-ZIP	Immokalee, FL 34142	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maxine Holbrooks	
STREET ADDRESS	1207 Carson Rd.	
CITY-ST-ZIP	Immokalee, FL 34142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Hoyt Holbrooks July 7, 06 2396575232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #