



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000011859 1. Entity Name CORMAR EXCAVATING, INC.		
Principal Place of Business 5950 SR 82 IMMOKALEE, FL 34142 US	Mailing Address 5950 SR 82 IMMOKALEE, FL 34142 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33758		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOUT, HOLBROOKS 1207 CARSON ROAD IMMOKALEE, FL 34142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLBROOKS, HOYT 1207 CARSON RD IMMOKALEE, FL 34142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLBROOKS, MAXINE 1207 CARSON RD IMMOKALEE, FL 34142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		07-18-07 <small>Date</small> <small>Daytime Phone #</small>



07182007 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0044133	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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07/25/07-80001-004 550.00

**DO NOT WRITE
IN THIS SPACE**