


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90505 049 ***163.75

DOCUMENT # p03000031312
1. Entity Name
ROY, S LAND CLEARING, INC. & ASSOCIATES



44036716

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business LAND O LAKES BOULEVARD Suite, Apt. #, etc. P.O. BOX 1322 City & State LAND O LAKES FL.		3. Mailing Address LAND O LAKES BLVD. Suite, Apt. #, etc. P.O. BOX 1322 City & State LAND O LAKES FL.	
Zip 34639	Country PASCO	Zip 34639	Country PASCO

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3746869	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Spiegel & Utrera, P.A.	
	Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor	
	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 Roy J. Dedmon DATE 4/22/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT SHAREHOLDER 51% ROY J. DEDMON LAND O LAKES BLVD. LAND O LAKES, FL 34639-1322	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SHAREHOLDER 49% MARIA T. DEDMON LAND O LAKES BLVD. LAND O LAKES, FL. 34639-1322	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Roy J. Dedmon DATE 4/22/03 (813) 355-6504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

