## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 24, 2004 8:00 am Secretary of State

| DOCUMENT # P03000050745  1. Entity Name FLOYD G. GAINEY BACKHOE SERVICE, INC.  |                       |   |  |                                      |   |                          | 04-14-200              | 4 90013 01 / **         | **150.00                      |  |
|--|-----------------------|---|--|--------------------------------------|---|--------------------------|------------------------|-------------------------|-------------------------------|--|
| Principal Place of Business Mailing Address 7711 NW 156TH AVENUE PO BOX 1357 ALACHUA, FL 32615 ALACHUA, FL 32616-135   |                       |   |  |                                      |   | 664                      | 123690                 | esur eini kam ikki erpe | énicel n ire:                 |  |
| 2. Principal Place of Business   |                       |   | 3. Mailing Address                     |                                      |   |                          |                        |                         |                               |  |
| Suite, Apt. #, etc.  |                       |   | Suite, Apt. #, etc.                    |                                      |   | 01132004                 | Chg-P                  | CR2E034 (10/03          | 3)                            |  |
| City & State   |                       |   | City & State                           |                                      |   | 4. FEI Number            | -158228                | v                       | Applied For<br>Not Applicable |  |
| Zip  |                       | Country                                 | Zip                                    | Country                              | ·   | 5. Certificate o         | of Status Desired      | \$8.75 A                |                               |  |
|  | 6. Name               | and Address of Current                  | Registered Agent                       | Vi                                   | 7. Name and Address of New Registered Agent             |                          |                        |                         |                               |  |
| GAINEY, FLOYD G<br>7711 NW 156TH AVENUE<br>ALACHUA, FL 32615   |                       |   |  |                                      | Name Street Address (P.O. Box Number is Not Acceptable) |                          |                        |                         |                               |  |
| n  |                       |   |  |                                      | City  |                          |                        | Zip Code                |                               |  |
| 8. The above   | named entit           | y submits this statement fo             | or the purpose of changing its         |                                      | •   | ed agent, or both        | n, in the State of Fio | F⊾ `                    |                               |  |
| the obligations of registered agent.  SIGNATURE  |                       |   |  |                                      |   |                          |                        |                         |                               |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whon reinstating)  DATE   |                       |   |  |                                      |   |                          |                        |                         |                               |  |
| FIL<br>After Ma  | E NOW!!!<br>ay 1, 200 | FEE IS \$150.00<br>4 Fee will be \$550. | 9. Election Campa<br>On Trust Fund Con |                                      |   | .00 May Be<br>ed to Fees |                        |                         |                               |  |
| 10.  |                       | OFFICERS AND                            | DIRECTORS .                            | 11.                                  |   | ADDITIONS/0              | CHANGES TO OFFI        | CERS AND DIRECTO        | RS IN 11                      |  |
| TITLE<br>NAME  | D<br>GAINEY.          | FLOYD G                                 | ☐ Delete                               | TITLE                                |   |                          |                        | ☐ Chang                 | Addition                      |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 7711 NW               | 156TH AVENUE<br>A, FL 32615             | ř                                      |                                      | ADDRESS<br>- ZIP  |                          |                        |                         |                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                       |   | ☐ Oeletz                               | TITLE NAME STREET /                  |   |                          |                        | ☐ Chang                 | e 🗀 Addition                  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  |                       |   | □ Delete                               | TITLE<br>NAME<br>STREET /<br>CITY-ST | ADAMESS<br>- Zip  |                          | + + 4.                 | . Change                | Addition                      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                       |   | ☐ Delete                               | TITLE<br>NAME<br>STREET /<br>CITY-ST | ADDRESS<br>- ZIP  |                          |                        | ☐ Chang                 | Addition                      |  |
| NAME STREET ADDRESS CITY-ST-ZIP  | -                     |   | ☐ Delete                               | TITLE<br>NAME<br>STREET /<br>CITY-ST | ADDRESS<br>- ZIP  |                          |                        | Chang                   | e 🔲 Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                       |   | ☐ Delete                               | CITY-ST                              |   | ٠                        | ,                      | ☐ Chang                 |                               |  |
| 12. I hereby certify that the information supplied with this filling 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: |                       |   |  |                                      |   |                          |                        |                         |                               |  |