## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2007 8:00 am Secretary of State

DOCUMENT # P03000067927  1. Entity Name					04-11-2007 90028 026 ***150.00	
LI'L DOZER SITE DEV	ELOPMENT, INC.					
DO N	OT WRITE	E IN THIS S	PA	CE	40056625	
2. Principal Place of Business		3. Mailing Address				
6460 ARBOR AVE Suite, Apt. #, etc.		6460 ARBOR AVE Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPÄCE	
City & State FORT MYERS, FL		City & State FORT MYERS, FL			4. FEI Number 20-0047288	Applied For Not Applicable
Zip	Country	Zip 33905	US	ountry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
					ne and Address of Current Regis	tered Agent
DO NOT WRITE IN THIS SPACE				Name GOORSKY, SEAN J. Street Address (P.O. Box Number is Not Acceptable) 6460 ARBOR AVE		
				City FORT MYERS	FL	Zip Code 33905
8. The above named	entity submits this s	tatement for the purpor	se of c	hanging its regis	stered office or registered agent, or	
SIGNATURE	3-	SEAN J	. GOO	RSKY, PRES.	tered Agent signature required when reinstatir	4/8/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis  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					9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10	OFFICERS A	AND DIRECTORS	11.	ME		
NAME STREET ADDRESS CITY-ST-ZIP	GOORSKY, SEAN 6460 ARBOR AVE FORT MYERS, FL.		N S	AME TREET ADDRES! ITY-ST-ZIP	9	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS GOORSKY, JESSICA R. 6460 ARBOR AVE FORT MYERS, FL. 33905			ITLE AME TREET ADDRES ITY-ST-ZIP	5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2	ITLE AME TREET ADDRES ITY-ST-ZIP	S DO NOT W	/RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N S	ITLE AME TREET ADDRES ITY-ST-ZIP	s IN THIS SI	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N S	ITLE AME TREET ADDRES ITY-\$T-ZIP	9	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			× 8	ITLE AME TREET AODRES ITY-ST-ZIP		
certify that the inform	nation indicated on this	s report or supplemental re	eport is	true and accurate	stated in Section 119.07(3)(i), Florida S and that my signature shall have the s tee empowered to execute this report a	ame legal effect

Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

4/8/07

239-825-8090

SEAN J GOORSKY, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #