

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000069639

1. Entity Name  
DINOSOIL REMEDIATION, INC.



FILED

2007 JUN '5 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
2577 CAYENNE LANE  
SHALIMAR, FL 32579

Mailing Address  
2577 CAYENNE LANE  
SHALIMAR, FL 32579



2. Principal Place of Business - No P.O. Box #  
2945 Parramore Shores Rd.  
Suite, Apt. #, etc.

3. Mailing Address  
2945 Parramore Shores Rd.  
Suite, Apt. #, etc.

06052007 Chg-P CR2E034 (12/06)

City & State  
Tallahassee, FL  
Zip 32310 Country

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Tallahassee, FL  
Zip 32310 Country

4. FEI Number  
56-2371850  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HOUHLAND, MICHAEL C  
2577 CAYENNE LANE  
SHALIMAR, FL 32579

## 7. Name and Address of New Registered Agent

Name  
Ward, Sam  
Street Address (P.O. Box Number is Not Acceptable)  
2945 Parramore Shores Rd.  
City Tallahassee, FL Zip Code 32310

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 [Signature] 6/5/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME HOUGHLAND, MICHAEL C ☒ Delete  
STREET ADDRESS 2577 CAYENNE LANE  
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE V  
NAME WARD, JESSE A ☐ Delete  
STREET ADDRESS 4701 LIONS ROAD  
CITY-ST-ZIP COCONUT, FL

TITLE ST  
NAME HOUGHLAND, MADELO N O ☒ Delete  
STREET ADDRESS 2577 CAYENNE LANE  
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE D  
NAME WARD, SAM ☐ Delete  
STREET ADDRESS 2945 PARRAMORE SH. RD.  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☒ Addition  
NAME Ward, Sam  
STREET ADDRESS 2945 Parramore Shores Rd.  
CITY-ST-ZIP Tallahassee, FL 32310

TITLE V ☐ Change ☐ Addition  
NAME Ward, Jesse A  
STREET ADDRESS 420 Ward Rd.  
CITY-ST-ZIP Eden, N.C. 27288

TITLE ST ☐ Change ☒ Addition  
NAME Ward, Dwight  
STREET ADDRESS 186 Sunset Trail  
CITY-ST-ZIP Freeport, FL 32439

TITLE  
NAME 200104427602  
STREET ADDRESS 06/15/07--01036--004 \*\*150.00  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 lines empowered.

SIGNATURE: [Signature] President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/07  
Date

933-8621  
Daytime Phone #