2004 FOR PROFIT CORPORATION

Apr 30, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P03000078287** 04-30-2004 90294 011 ***150.00 1. Entity Name TRENCHING AND DIRECTIONAL BORING, INC. Principal Place of Business' Mailing Address MXAATAAA P. O. BOX 63 P. O. BOX 63 BONITA SPRINGS, FL 34133 BONITA SPRINGS, FL 34133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162004 Cha-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 33-1043515 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIDSON, CHRISTY 11543 MCKENNA AVE. Street Address (P.O. Box Number is Not Acceptable) **BONITA SPRINGS, FL 34135** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. 🔀 Delete TITLE Change ☐ Addition THEF (æ GUYTON, HULON NAME NAME STREET ADDRESS 1015 PETER YOUNG RD. STREET ADDRESS BLAIRSVILLE, GA: 30514 DECEASED CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE GUYTON, MARILYN C NAME NAME STREET ADDRÉSS 1015 PETER YOUNG RD. STREET ADDRESS CITY-ST-ZIP BLAIRSVILLE, GA 30514 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 4 TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ☐ Delete TITLE TITLE ☐ Change ☐ Addition MAKE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

FILED