


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90008 035 \*\*\*158.75

**DOCUMENT # P03000085484**

1. Entity Name  
**ONGRADE PERFORMANCE EARTH WORK, INC.**



Principal Place of Business      Mailing Address  
**17121 APRIL AVENUE**      **17121 APRIL AVENUE**  
**LABELLE, FL 33935**      **LABELLE, FL 33935**

40005550



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01182007      Chg-P      CR2E034 (12/06)

City & State      City & State

4. FEI Number      Applied For  
**86-1076189**      Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**  
**ECKHART, JAY L**  
**17121 APRIL AVENUE**  
**LABELLE, FL 33935**

**7. Name and Address of New Registered Agent**  
 Name **Teresa Lundberg**  
 Street Address (P.O. Box Number is Not Acceptable)  
**17121 April Avenue, SW**  
 City **Labelle**      **FL**      Zip Code **33935**

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       DATE **1-18-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LUNDBERG, TERESA V</b> <b>17121 APRIL AVENUE</b> <b>LABELLE, FL 33935</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/owner</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Teresa Lundberg</b> <b>17121 April Avenue, SW</b> <b>Labelle, FL 33935</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ECKHART, JAY L</b> <b>17121 APRIL AVENUE</b> <b>LABELLE, FL 33935</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

**SIGNATURE:**  **Teresa Lundberg**      Date **1-18-07**      Daytime Phone # **239-872-0763**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR