
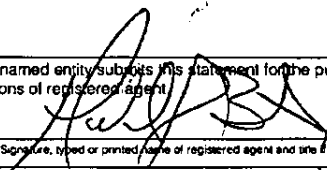
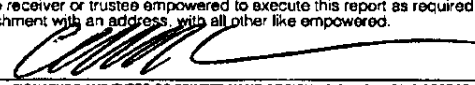


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

02-26-2004 90019 007 ***158.75

DOCUMENT # P03000096571 1. Entity Name NORTH FLORIDA EXCAVATION, INC.																																																																																																																													
Principal Place of Business 10367 NW NEWSOME ROAD CLARKSVILLE, FL 32430			Mailing Address P.O. BOX 24 CLARKSVILLE, FL 32430																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		Zip																																																																																																																									
Country		Country		4. FEI Number 03-0529160																																																																																																																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent NEWSOME, CLIFFORD A- 10367 NW NEWSOME ROAD CLARKSVILLE, FL 32430																																																																																																																													
7. Name and Address of New Registered Agent Name Michael P. Bist Street Address (P.O. Box Number is Not Acceptable) 1300 Thomaswood Drive City Tallahassee FL Zip Code 32312																																																																																																																													
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  Michael P. Bist 2/25/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Clifford A. Newsome</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>10367 NW Newsome Road</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Clarksville, FL 32430</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Vice-President</td> <td><input type="checkbox"/> Delete</td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>Greggery C. Barber</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>7696 Lake Seminole Road</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Sneads, FL 32460</td> <td><input type="checkbox"/> Delete</td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>Secretary/Treasurer</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Stacy Newsome Miller</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>10367 NW Newsome Road</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Clarksville, FL 32430</td> <td><input type="checkbox"/> Delete</td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	Clifford A. Newsome		STREET ADDRESS			CITY-ST-ZIP	10367 NW Newsome Road		CITY-ST-ZIP				Clarksville, FL 32430												Vice-President	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		Greggery C. Barber						7696 Lake Seminole Road												Sneads, FL 32460	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		Secretary/Treasurer						Stacy Newsome Miller						10367 NW Newsome Road						Clarksville, FL 32430	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition									<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition									<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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12. I hereby certify that the information supplied with this filing 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:  2/20/04 850-674-5730 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													

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02162004 Chg-P CR2E034 (10/03)