


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91241 045 \*\*\*150.00

**DOCUMENT # P03000117382**

1. Entity Name  
**H.D.S. UNDERGROUND UTILITIES, INC.**



Principal Place of Business      Mailing Address  
**15700 SW PALOMINO STREET**      **15700 SW PALOMINO STREET**  
**INDIANTOWN, FL 34956**      **INDIANTOWN, FL 34956**

**44067200**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04272004      Chg-P      CR2E034 (10/03)

**6. Name and Address of Current Registered Agent**

~~QUEEN, EDDIE~~  
~~15700 SW PALOMINO STREET~~  
~~INDIANTOWN, FL 34956~~

**7. Name and Address of New Registered Agent**

Name **LAURA K. SIMS, CPA**

Street Address (P.O. Box Number is Not Acceptable) **223 S. PARROTT AVE.**

City **OLDFATHER FL 39974**

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 *Laura Sims*      DATE **4/29/04**

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**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	QUEEN, DOROTHEA	
STREET ADDRESS	POST OFFICE BOX 473	
CITY-ST-ZIP	INDIANTOWN, FL 34956	
TITLE	VT	<input type="checkbox"/> Delete
NAME	DUSTIN, ARTHUR	
STREET ADDRESS	POST OFFICE BOX 473	
CITY-ST-ZIP	INDIANTOWN, FL 34956	
TITLE	S	<input type="checkbox"/> Delete
NAME	QUEEN, EDDIE	
STREET ADDRESS	POST OFFICE BOX 473	
CITY-ST-ZIP	INDIANTOWN, FL 34956	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Arthur R. Dustin*      Date **4-29-04**      Daytime Phone # **772-570593**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      DAYTIME PHONE #