

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000118676

1. Entity Name
G&F EXCAVATING, INC.



Principal Place of Business
**2611 N. WILSON BLVD.
NAPLES, FL 34120**

Mailing Address
**2611 N. WILSON BLVD.
NAPLES, FL 34120**



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0713039

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, CATHERINE ANN
2611 N. WILSON BLVD.
NAPLES, FL 34120**

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IN THIS SPACE**

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

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

DATE

1-10-07

**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

U00000592171
01/19/07-80052-021 158.75

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GONZALEZ, MANUEL YNERVIS
STREET ADDRESS	2611 N. WILSON BLVD.
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	DST
NAME	GONZALEZ, CATHERINE ANN
STREET ADDRESS	2611 N. WILSON BLVD.
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	VP
NAME	GONZALEZ, MANUEL DOMINIC
STREET ADDRESS	2611 N. WILSON BLVD
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Catherine Gonzalez Agent/sec *1-10-07* *239-353-2147*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #