2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000119775 1. Entity Name						Apr 28, 2005 08:00 AM
WARREN BUCHER EXCAVATING INC.						Secretary of State
Principal Place of Business 3481 COHOES ST NE PORT CHARLOTTE FL 33952			Mailing Address 3481 COHOES ST NE PORT CHARLOTTE FI		 	- 1 markadi ili daliba ilili dalili dalili dalili iladi iladi ilalik isali salik esali sedal bililadi il 1883
2. Principal Place of Business			3. Mailing Address		4 4 - 4 - 4 - 7	Annual Control of the
Suite, Apt. #, etc.			Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	1st MOORE CR2E034 (10/04)
City & State			City & State	City & State		4. FEI Number 04-3778494 Applied For Not Applied.
Zip			Zip			5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name	and Address of Currer	nt Registered Agent	· · · · · · · · · · · · · · · · · · ·	Name	7. Name and Address of New Registered Agent
280	MPBELL, 5 TAMIAI NTA GOR	J DAVID MI TRAIL DA FL 33950			Street Address (P.O. Box Number is Not Acceptable)
					City	FL 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 Signature, typed or printed name of registered agent and title if approache (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution.						
10.	ii i ujubio i	-	ID DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITL NAM STRI	E	□ Change □ A**** UU0000340880 04/28/05-80134-024 158.75
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete	1		☐ Change ☐ Ad.'''
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 direction 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 changed, or on an attachment with an address, with all other like empowered.						

SIGNATURE: Land Typed or Printed NAME OF SIGNING OFFICER OR DIRECTOR Date Destroy Phone of Phone

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