2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 18, 2005 08:00 AM Secretary of State DOCUMENT # P03000129843 1. Entity Name RICK HARTLEY EXCAVATING, INC. Principal Place of Business Mailing Address 202 S. CENTER ST. PIERSON FL 32180 202 S. CENTER ST. PIERSON FL 32180 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 56-2414412 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARTLEY, RICHARD J JR. 202 S. CENTER ST. Street Address (P.O. Box Number is Not Acceptable) PIERSON FL 32180 City Zip Code 3. 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 applicable (NOTE Registered Agent signature required when leinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THEE Dejete THEF ☐ Change Addition NAME HARTLEY, RICHARD J JR. NAME STREET ADDRESS 894 BURNSED RD. STREET ADDRESS PIERSON FL 32180 CITY - ST - ZIP CHTY-SI-ZIP Delete TITLE U00000234525 □ Change □ Change □ Change □ CO2/18/US-80023-022 150.00 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZP BHE Delete TITLE. ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZIP TITLE Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C-IY-SI-Z₽ THEF Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-7IP

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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

SIGNATURE

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date