## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 28, 2007 08:00 AM **Secretary of State** 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 - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apl. #, elc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 56-2414412 Not Applicable Zip \$8.75 Additional Fee Required Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARTLEY, RICHARD J JR. Street Address (P.O. Box Number is Not Accoptable) 202 S. CENTER ST. PIERSON FL 32180 City 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, typoid or printed name of registered agent and title it applicable DATE (NOTE: Registered Agent signifilitie required when senistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition 9111 ☐ Detete HIII HARTLEY, RICHARD J JR. NAME NAMI 894 BURNSED RD. STREET ADDRESS STREET ADORESS U00000650758 PIERSON FL 32180 CITY - ST-ZIP C1TY+ \$1-71P 03/08/07-80026-01台 change. 00 Addition Delete THE STREET ADORESS STREET ADORESS CITY-SI-ZIP CHY-SI-7/P Addition Change RHI ☐ Delete THE NAME IMAN STREET ADDRESS STREET ADDRESS CHTY-ST-7IP CITY-ST-7IP ☐ Change Addition ☐ Delete NAME STREEL ADDRESS STREET ADDRESS CHY-ST-7IP CHY-S1-ZIP Delete Change Addition 1000 1000 NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CUY-SI-7IP HILL Delete THEE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

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SIGNATURE: Mand Typed on Printed Name of SIGNING OFFICER OR DIRECTOR Date Date Displace Prince &

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; that I am an efficer 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.