## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000131338

155 STONE ROAD

DOLGEVILLE, NY 13329

Address: City-St-Zip:

Entity Name: PEMS LANDCLEARING & EXCAVATION, INC

FILED Jan 05, 2006 Secretary of State

Littly Na	IIIE. FEIVIOL	ANDOLLARING & EXCAVATIO	on, inc.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
602 CALENDULA DRIVE INDIAN LAKES ESTATES, FL 33855				8718 LAKE HAVEN DR INDIAN LAKES ESTATES, FL 33855	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX INDIAN LA	7782 AKE ESTATES	S, FL 33855			
FEI Number	: 20-0414928	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
STONE, EDWARD M 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US			8718 LÁKE HAVEN D	STONE, EDWARD M 8718 LAKE HAVEN DR INDIAN LAKE ESTATES, FL 33855 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				01/05/2006	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	STONE, EDW.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STONE, MARY POST OFFICE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D ( STONE, PETE	) Delete R M	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MARY ANNE STONE D 01/05/2006