

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 13, 2005 08:00 AM  
Secretary of State

DOCUMENT # P03000143417

1. Entity Name  
STEVEN FEE EXCAVATING, INC.



Principal Place of Business  
5715 SAWYER RD  
LAKELAND, FL 33810

Mailing Address  
5715 SAWYER RD  
LAKELAND, FL 33810



04102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
43-2036927

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FEE, STEVEN  
5715 SAWYER RD  
LAKELAND, FL 33810

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME FEE, STEVEN  
STREET ADDRESS 5715 SAWYER RD  
CITY-ST-ZIP LAKELAND, FL 33810

TITLE STD  
NAME FEE, DIANE L  
STREET ADDRESS 5715 SAWYER RD  
CITY-ST-ZIP LAKELAND, FL 33810

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000301915  
04/13/05-80051-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven Fee Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-05 863-858-8926