

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 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



05062008 No Chg-P CR2E034 (11/05)

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May 8c
Added to Fees**

U000000952310
06/04/08-80075-005 550.00

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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #