2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

6/1/2

FILED Jun 15, 2004 8:00 am Secretary of State

DOCUMENT # P03000150087					06-01-2004 90007 048 ***150.00				
1. Entity Name ARLIS EXCAVATING, INC.						06-01-2004	9000/ 048 ****	*150.00	
, willie by	1 1		1						
Principal Place	of Business	Mailing Address]				
226 JONES S SANFORD FI		226 JONES STREET SANFORD FL 32773							
	,				}	1 (2011 101 111 111 111 111 111 111	i mera siin eerre a elili tond	arim a AN	
	ace of Business	3. Mailing Address							
2.2.6 Suite, Apt. 1	Jones Ave.	Suite, Apt. #, etc.			MOORE CR2E034 (11/03)				
	·			· · · · · · · · · · · · · · · · · · ·	\			Southerd For	
City & State	Gord Florida	San Sord	FI	orida		Number 0-048-1127	}	Applied For Not Applicable	
3277	Country	32773	Count	ningle	5. Ce	rtificate of Status Desired	S8.75 Ac		
	6. Name and Address of Current				7. Na	me and Address of New Regi	stered Agent		
BLANTON, ARLIS									
226	JONES STREET FORD FL 32773	Street Address ((P.O. Bo	x Number is Not Acceptable)			
JAIT	1 0(10) 1 2 32773					·			
	I			City	•		FL Zip Co	de	
	named entity submits this statement to ons of registered agent.	withe purpose of changing its	r eg istere	ed office or registe	ered ager	nt, or both, in the State of Florid	a. I am familiar witi	n, and accept	
SIGNATURE _									
Continue Department (Section 1)	Signature, typed of printed marks of registered agent	and title # apphoable. (NOT	E: Registered	3 Agent signatura require	d when cars	statony)	DATÉ		
After	LE NOW!!! FEE IS \$150.00 May 1: 2004 Fee will be \$550.00 Payable to Florida Department o	f State			}	 9. Election Campaign Finant Trust Fund Contribution, 		.00 May Be ed to Fees	
10.	OFFICERS AND	·	11,		ADD	ITIONS/CHANGES TO OFFICE			
	PTD	Delete	TITLE NAM	1			Change	Addition	
STREET ADDRESS CITY-ST-ZIP	226 JONES STREET SANFORD FL 32773			ET ADDRESS - ST - ZIP					
mue	on Maring.	☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAM Stre	E ET ADORESS			,		
CITY-ST-ZIP	Anna Anna A			-S7-ZIP					
TITLE .		Delete	TITLE NAM	~!	·	. ~	_ Change	Addition	
STREET ADDRESS			STAE	ET ADDRESS				•	
TITLE		☐ Delete	CITY	-ST-ZIP			☐ Change	Addition	
NAME	الما المالية المواد الم	- Date	- NAM	e	<u> </u>				
STREET ADDRESS (ET ADORESS -ST-ZIP					
TITLE		☐ Delete	TITL	- I			☐ Change	e Addition	
NAME STREET ADDRESS	·		NAM STRI	EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP		<u></u>	<u>_</u>		
TITLE NAME		☐ Delete	TITL: Nam	t t			Change	e Addition	
STREET ADDRESS	ol .		STRI	EET ADDRESS					
12. I hereby	certify that the information scoolind wit	h this filing does not qualify to		-ST-ZIP Imption stated in S	Section 1	19.07(3)(i), Florida Statutes. I fu	rther certify that the	information	
indicated of the cor	certify that the information supplied wit on this report of supplied entail deport it poration or the received or trustee emp or on an attachment with an address.	s true and accurate and that owered to execute this repor	my signa t as requi	lure shall have the red by Chapter 60	same le 07, Florid	gal effect as if made under oat a Statutes; and that my name a	n; that I am an offic ppears in Block 10	er or director or Block 11 if	
		an other like empowered	J.						
SIGNAT	URE:	PRINTED HAME OF SIGNING OFFICE	R OR DIREC	TOR		05/25/09 Date	<u>-707-383</u> Daylime Prone	8795	