2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000153202

1. Entity Name
BROCK CLEARING AND EXCAVATION, INC.

Principal Place of Business	Mailing Address
350 BASSWOOD RD PORT ST JOE, FL 32456	350 BASSWOOD RD PORT ST JOE, FL 32456

. **50049928-**

04272005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
20-0497705	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROCK, THOMAS A
350 BASSWOOD RD
PORT ST JOE, FL 32456

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 _Thomas A. Brock_   5-2-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	DP
NAME	BROCK, THOMAS A
STREET ADDRESS	350 BASSWOOD RD
CITY-ST-ZIP	PORT ST JOE, FL 32456
TITLE	DV
NAME	FARMER, LARRY
STREET ADDRESS	126 W BEATY AVE
CITY-ST-ZIP	WHITE CITY, FL 32465
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	

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)(i), 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: _Thomas A. Brock_   5-2-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #