


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90038 008 \*\*\*150.00

<b>DOCUMENT # P04000001190</b>	
1. Entity Name <b>DIVERSIFIED TRENCHING &amp; EXCAVATING INC.</b>	

Principal Place of Business <b>2429 COMO ST. PT. CHARLOTTE, FL 33948</b>	Mailing Address <b>2429 COMO ST. PT. CHARLOTTE, FL 33948</b>
---	---

**54027543**

2. Principal Place of Business <b>2429 Como St Port, NA</b> Suite, Apt. #, etc. <b>NA</b>	3. Mailing Address <b>Same AS #2 NA</b> Suite, Apt. #, etc. <b>NA</b>
---	---

City & State <b>Port Charlotte, FL 33948</b>	City & State <b>Port Charlotte, FL</b>
Zip <b>33948</b>	Zip <b>33948</b>
Country <b>Charlotte</b>	Country <b>Charlotte</b>



02082004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>IZZO, JOHN P 773 S. INDIANA AVE. ENGLEWOOD, FL 34223</b>	
7. Name and Address of New Registered Agent Name <b>NA</b> Street Address (P.O. Box Number is Not Acceptable) <b>NA</b> City <b>NA</b> <b>FL</b> Zip Code <b>NA</b>	

4. FEI Number <b>30-0223064</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 <b>NA</b>	DATE <b>NA</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CALAFIORE, JOSEPH 2429 COMO ST. PT. CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CALAFIORE, LUCILLE 2429 COMO ST. PT. CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Joseph M. Calafiore, Pres.</b>	Date <b>4/3/04</b> Daytime Phone # <b>941-204-0111</b>