


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000022414
 1. Entity Name
DENNIS L. DALE EXCAVATING, INC.



Principal Place of Business Mailing Address
459 BAILEY ROAD **459 BAILEY ROAD**
VENICE FL 34292 **VENICE FL 34292**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

DALE, DENNIS L
459 BAILEY ROAD
VENICE FL 34292



1st MOORE CR2E034 (10/05)

4. FEI Number Applied Fee
NO-T APPLICABLE Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DALE, DENNIS L	
STREET ADDRESS	459 BAILEY ROAD	
CITY-ST-ZIP	VENICE FL 34202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DALE, DENNIS L	
STREET ADDRESS	459 BAILEY ROAD	
CITY-ST-ZIP	VENICE FL 34202	
TITLE	S	<input type="checkbox"/> Delete
NAME	DALE, DENNIS L	
STREET ADDRESS	459 BAILEY ROAD	
CITY-ST-ZIP	VENICE FL 34202	
TITLE	T	<input type="checkbox"/> Delete
NAME	DALE, DENNIS L	
STREET ADDRESS	459 BAILEY ROAD	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALE, DENNIS L	
STREET ADDRESS	459 BAILEY ROAD	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dennis L. Dale* **DENNIS L. DALE** 3/6/06 941-485-88