2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000022414

1. Entity Name
DENNIS L. DALE EXCAVATING, INC.

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

DO NOT WRITE IN THIS SPACE

04092008   No Chg-P   CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DALE, DENNIS L
459 BAILEY ROAD
VENICE, FL 34292

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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, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DALE, DENNIS L
STREET ADDRESS	459 BAILEY ROAD
CITY-ST-ZIP	VENICE, FL 34202

TITLE	VP
NAME	DALE, DENNIS L
STREET ADDRESS	459 BAILEY ROAD
CITY-ST-ZIP	VENICE, FL 34202

TITLE	S
NAME	DALE, DENNIS L
STREET ADDRESS	459 BAILEY ROAD
CITY-ST-ZIP	VENICE, FL 34202

TITLE	T
NAME	DALE, DENNIS L
STREET ADDRESS	459 BAILEY ROAD
CITY-ST-ZIP	VENICE, FL 34292

TITLE	D
NAME	DALE, DENNIS L
STREET ADDRESS	459 BAILEY ROAD
CITY-ST-ZIP	VENICE, FL 34292

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000899122
04/28/08-80026-016 150.00

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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: _____   4/12/08   941-485-8894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #