



05 JUL 19 PM 3:04

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| DOCUMENT # P04000036028 | |  | | DIVISION OF CORPORATIONS | |
| 1. Entity Name KEN'S DOZER SERVICE, INC. | | | | 05 JUL 19 PM 3: 04 | |
| Principal Place of Business 107 WATKINS WAY BRANDON, FL 33510 | | Mailing Address 107 WATKINS WAY BRANDON, FL 33510 | | 600010000 | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 06292005 Chg-P CR2E034 (10/03) | |
| City & State | | City & State | | 4. FEI Number 20-1018828 | |
| Zip | | Country | | Applied For Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STAFFORD, CHARLES K 107 WATKINS WAY BRANDON, FL 33510 | | | 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| S STAFFORD, CHARLES K 107 WATKINS WAY BRANDON, FL 33510 | | | | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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, changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Charles Kenneth Stafford</u> <u>June 29 05</u> (813) 393-8855 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |