## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P04000054642 1. Entity Name 04-24-2006 90384 014 \*\*\*150.00 HODGES TRUCKING & EXCAVATION, INC. Principal Place of Business Mailing Address 1535 NW 141ST ST PO BOX 2777 OKEECHOBEE, FL 34973 OKEECHOBEE, FL 34972 2. Principal Place of Business 3. Mailing Address 32405 Hwy 441 No. Suite, Apt. #, etc. Suite, Apt. #, etc. 04142006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 56-2451373 Not Applicable Okeechobee, FL Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34972 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HODGES, FRED L JR Street Address (P.O. Box Number is Not Acceptable) 32405 Hwy 441 No. 1535 NW 141ST ST OKEECHOBEE, FL 34972 Zip Code Okeechobee 34972 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. e of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE ☐ Addition HODGES, FRED L JR NAME NAME STREET ADDRESS 1535 NW 141ST ST STREET ADDRESS 32405 Hwy 441 No. CITY-ST-ZIP OKEECHOBEE, FL 34972 CITY-ST-71P Okeechobee, FL 34972 TITLE ☐ Delete TITLE X Change Addition HODGES, PHYLISS G NAME NAME STREET ADDRESS 1535 NW 141ST ST STREET ADDRESS 32405 Hwy 441 No. CITY-ST-ZIP OKEECHOBEE, FL 34972 CITY-ST-ZIP Okeechobee, FL 34972 TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE □ Detete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

PHY/ISS G. HODGES 4-14-06

863-763-6742

**FILED**