



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90028 043 ***158.75

DOCUMENT # P04000058697 1. Entity Name VENTURE EXCAVATING & SITE DEVELOPMENT, INC.					
Principal Place of Business 11415 SMOKETHORN DR RIVERVIEW, FL 33569			Mailing Address 11415 SMOKETHORN DR RIVERVIEW, FL 33569		
2. Principal Place of Business 11038 Stone Branch Dr. Suite, Apt. #, etc.		3. Mailing Address 11038 Stone Branch Dr. Suite, Apt. #, etc.			
City & State Riverview, FL Zip 33569		City & State Riverview, FL Zip 33569		4. FEI Number 83-0392189	
Country Hillsborough		Country Hillsborough		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERA, LISA 11415 SMOKETHORN DR RIVERVIEW, FL 33569				7. Name and Address of New Registered Agent Name Rivera, Lisa Street Address (P.O. Box Number is Not Acceptable) 11038 Stone Branch Dr. City Riverview State FL Zip Code 33569	
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 <u><i>Lisa M. Rivera</i></u> Lisa M. Rivera DATE 2/17/06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PDST RIVERA, LISA 11415 SMOKETHORN DR RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST Rivera, Lisa 11038 Stone Branch Dr. Riverview, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, JACKY 11415 SMOKETHORN DR RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lewis, Jacky 11038 Stone Branch Dr Riverview, FL 33569	<input checked="" 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 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 recorder 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: <u><i>Lisa M. Rivera</i></u> Lisa M. Rivera DATE 2/17/06 DAYTIME PHONE # 813-672-6306 <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>					