2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P04000076328 01-25-2005 90026 010 ***150.00 1. Entity Name FLORIDA DRILLING AND BLASTING, INC. Principal Place of Business Mailing Address **66002667** 1810 SEACREST AVENUE IMMOKALEE FL 33934 1810 SEACREST AVENUE IMMOKALEE FL 33934 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 20-111.5717 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NUNEZ, ORALIA 1810 SEACREST AVENUE Street Address (P.O. Box Number is Not Acceptable) **IMMOKALEE FL 33934** City 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 jeinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change . ☐ Addition NUNEZ. RAUL NAME NAME STREET ADDRESS 1810 SEACREST AVENUE STREET ADDRESS 7/P.code = 34142 CITY-ST-ZIP IMMOKALEE FL 33934 CITY-ST-7P VΡ Delete ☐ Addition Dunez, Rojelio NUNEZ, ROJELIO NAME NAME 1810 Seacrest AVC 1810 SEACREST AVENUE STREET ADDRESS STREET ADDRESS Immokalle, Fl. 54142 CITY-ST-ZIP IMMOKALEE FL 33934 CITY-ST-ZIP TITLE Deteta BILLE ☐ Addition Change Nunëz, Rene NAME NUNEZ, RENE NAME STREET ADDRESS 1810 SEACREST AVENUE STREET ADDRESS 1810 SEACIEST AUC IMMOKALEE FL 33934 ··· Immoracee, FL 34147 MLE Delete TITLE ☐ Addition NUNEZ, ORALIA NAME NAME **1810 SEACREST AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZiP IMMOKALEE FL 33934 CITY-ST-ZIP 2: P-code = 34142 TITLE ☐ Delete ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZtP 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 em 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 attaching the with an address, with all other like empowered. SIGNATURE: G OFFICER OR DIRECTOR

FILED

Feb 25, 2005 8:00 am