2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000082200

Entity Name: RAY'S BACKHOE SERVICE OF WPB, INC.

FILED Jan 17, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16822 88TH ROAD N LOXAHATCHEE, FL 33470 **Current Mailing Address: New Mailing Address:** 16822 88TH ROAD N 16822 88TH ROAD NORTH LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 FEI Number: 20-1097359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: TITONE, RAY P SR TITONE, JOANN M 16822 88TH ROAD N 16822 88TH ROAD NORTH LOXAHATCHEE, FL 33470 US US LOXAHATCHEE, FL 33470 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. SIGNATURE: JOANN M TITONE 01/17/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition TITONE, RAY P SR TITONE, RAY P SR Name: Name: 16822 88TH ROAD N 16822 88TH ROAD NORTH Address: Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: LOXAHATCHEE, FL 33470 Title: () Delete Title: VΡ () Change (X) Addition Name: Name: TITONE, JOANN M 16822 88TH ROAD NORTH Address: Address: LOXAHATCHEE, FL 33470 City-St-Zip: City-St-Zip: Title: Title: () Delete SEC () Change (X) Addition TITONE, JOANN M Name: Name: 16822 88TH ROAD NORTH Address Address: City-St-Zip: City-St-Zip: LOXAHATCHEE, FL 33470 Title: () Delete Title: **TRES** () Change (X) Addition TITONE, JOANN M Name: Name: Address: Address: 16822 88TH ROAD NORTH City-St-Zip: City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN M TITONE VP 01/17/2005