2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# P04000115077

Entity Name: SWAFFORD EXCAVATING, INC.

Current Principal Place of Business:

735 MARGUERITA TERRACE
TARPON SPRINGS, FL 34688

New Principal Place of Business:

1642 OVERVIEW DRIVE
NEW PORT RICHEY, FL 34655

Current Mailing Address:

735 MARGUERITA TERRACE
TARPON SPRINGS, FL 34688

New Mailing Address:

1642 OVERVIEW DRIVE
NEW PORT RICHEY, FL 34655

FEI Number: 20-1459013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, SUZANNE
551 BRIDLE PATH WAY
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SWAFFORD, CHARLIE
Address: 735 MARGUERITA TERRACE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VP ( ) Delete
Name: SWAFFORD, SHELLIE
Address: 735 MARGUERITA TERRACE
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SWAFFORD, CHARLIE
Address: 1642 OVERVIEW DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP (X) Change ( ) Addition
Name: SWAFFORD, SHELLIE
Address: 1642 OVERVIEW DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

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: SHELLIE SWAFFORD VP 01/11/2005

Electronic Signature of Signing Officer or Director — Date