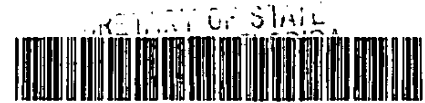


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-30-2008 90219 013 ***150.00
08-07-2008 90063 019 ***558.75
P04000118582

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2nd MOORE CR2E034 (4/08)

DOCUMENT # P04000118582 1. Entity Name DUPONT LAND CLEARING, INC.					
Principal Place of Business 9895 COUNTY RD. 13 SOUTH HASTINGS FL 32145			Mailing Address PO BOX 847 HASTINGS FL 32145		
2. Principal Place of Business - No P.O. Box # 9895 CR 13 SOUTH		3. Mailing Address P.O. Box 847			
Suite, Apt. #, etc. =		Suite, Apt. #, etc.			
City & State HASTINGS FL		City & State HASTINGS FL		4. FEI Number 51-0520086	
Zip 32145		Country ST Johns		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUPONT, C.E. 9895 CR 13S HASTINGS FL 32145			7. Name and Address of New Registered Agent Name C.E. Du Pont Street Address (P.O. Box Number is Not Acceptable) 9895 County Rd 13S City HASTINGS FL Zip Code 32145		
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 C E Du Pont DATE 8-4-08 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
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	D DUPONT, C.E. P.O. BOX 847 HASTINGS FL 32145		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPONT, JOYCE P.O. BOX 847 HASTINGS FL 32145		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAHR, SPENCER K 9895 COUNTY RD. 13 SOUTH HASTINGS FL 32145		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TENNEY, KEVIN 9895 COUNTY RD. 13 SOUTH HASTINGS FL 32145		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: C E Du Pont <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/18/08 904-692-1942 <small>Date Daytime Phone #</small>		

8/21/08