



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90039 037 ***150.00

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # P04000122138 1. Entity Name STUMP GRINDING PLUS INC | | | |  | |
| Principal Place of Business 1243 SPRING GARDEN RANCH RD DELEON SPRINGS, FL 32130 | | | Mailing Address 1243 SPRING GARDEN RANCH RD DELEON SPRINGS, FL 32130 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 50016014  | |
| City & State Zip | | City & State Zip | | 4. FEI Number 20-1544072 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 01242005 Chg-P CR2E034 (10/03) | | | |
| 6. Name and Address of Current Registered Agent UNDERWOOD, LEONARD JR 1243 SPRING GARDEN RANCH RD DELEON SPRINGS, FL 32130 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | P,T <input type="checkbox"/> Delete UNDERWOOD, LEONARD JR 1243 SPRING GARDEN RANCH RD DELEON SPRINGS, FL 32130 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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 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 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: <i>Leonard Underwood Jr.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 1-24-05 Date | | |
| | | | 386-985-1416 Daytime Phone # | | |

RECEIVED LB-TX-14

JAN 28 2005

IRS OGDEN, UTAH