2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State
01-28-2005 90025 021 ***150.00

DOCUMENT # P04000131736

1. Entity Name
D & R TRENCHING, INC.

Principal Place of Business	Mailing Address
P O BOX 898 CRYSTAL SPRINGS, FL 33524	P O BOX 898 CRYSTAL SPRINGS, FL 33524

40008321

01252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3239 Allen Rd	PO Box 898
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Zephyrhills FL	City & State: Crystal Springs
Zip: 33541 Country: Pasco	Zip: 33524 Country:

4. FEI Number: 20-1641247 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFREY A DOWD, P.A.
3016 US HWY 301 N STE 900
TAMPA, FL 33619

7. Name and Address of New Registered Agent

Name: Nancy H. Long
Street Address (P.O. Box Number is Not Acceptable): 2610 State Rd 39 - PO Box 286
City: Crystal Springs FL Zip Code: 33524

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: Nancy H. Long DATE: 1-25-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PTD HARTZELL, DOUGLAS M P O BOX 898 CRYSTAL SPRINGS, FL 33524	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD COADY, ROBERT P O BOX 898 CRYSTAL SPRINGS, FL 33524	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Coady, Robert PO Box 898 Crystal Springs, FL 33524	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert Coady Robert Coady 1-25-2005 813 927-2844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #