2005 FOR PROFIT CORPORATION

ANNUAL REPORT

May 04, 2005 8:00 am Secretary of State 05-04-2005 90163 002 ***150.00 DOCUMENT # P04000149735 ECONOMY STUMP GRINDING, INC. Principal Place of Business Mailing Address 50047285 3448 NW 233 STREET 3448 NW 233 STREET LAWTEY, FL 32058 LAWTEY, FL 32058 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEL Number 20-Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DRUMMOND, DONALD L E.A. Street Address (P.O. Box Number is Not Acceptable) 103 EDWARD\$ ROAD STARKE, FL 32091 City Zio 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DΡ TITLE TITLE Change ☐ Addition ☐ Defete DAILEY, JAMES NAME NAME **3448 NW 233 STREET** STREET ADDRESS STREET ADDRESS LAWTEY, FL ·32058 CITY-ST-7IP CITY-ST-7IP ■ Addition ☐ Delete TITLE ☐ Change TITLE DAILEY, LINDA NAME NAME STREET ADDRESS 3448 NW 233 STREET STREET ADDRESS LAWTEY, FL 32058 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 at each relief like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

☐ Change

☐ Change

■ Addition

☐ Addition

FILED