2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State
08-29-2006 90002 007 ***708.75

DOCUMENT # P05000060152

1. Entity Name
SOUTHERN EARTHWORK, INC.

Principal Place of Business	Mailing Address
471 SW SEDGEFIELD LANE FT. WHITE FL 32038	471 SW SEDGEFIELD LANE FT. WHITE FL 32038

2nd MOORE CR2E034 (4/06)

2. Principal Place of Business	3. Mailing Address
SOUTHERN EARTHWORK	SOUTHERN EARTHWORK
Suite, Apt. #, etc.: 471 S.W. Sedgefield Ln.	Suite, Apt. #, etc.: 471 S.W. Sedgefield Ln
City & State: Ft. White Florida	City & State: Ft White, Florida
Zip: 32038 Country: Columbia	Zip: 32038 Country: Columbia

4. FEI Number: 20-2737937 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CROSSMAN, CLIFTON
471 SW SEDGEFIELD LANE
FT. WHITE FL 32038

7. Name and Address of New Registered Agent

Name: Clifton L. Crossman
Street Address (P.O. Box Number is Not Acceptable): 471 S.W. Sedgefield Lane
~~Ft. White~~
City: Ft. White FL Zip Code: 32038

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: Clifton L. Crossman [signature] 8/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 6, 2006
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. ☑

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	P CROSSMAN, CLIFTON 471 SW SEDGEFIELD LANE FT. WHITE FL 32038	☐ 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
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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 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: Clifton Crossman [signature] 8/10/06 3866239919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #