

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

04-17-2006 90337 041 ***150.00

DOCUMENT # P05000117526 1. Entity Name LONGO'S EXCAVATING INC.					
Principal Place of Business 7577 SAVANNAH LANE LAKE WORTH, FL 33463			Mailing Address 7577 SAVANNAH LANE LAKE WORTH, FL 33463		
2. Principal Place of Business 319 SW Kane Ave		3. Mailing Address 319 SW Kane Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL		4. FEI Number 20-3353133	
Zip 34953		Country ST. LUCIE		Applied For ☐ Not Applicable	
Zip 34953		Country ST. LUCIE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410				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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LONGO, KAREN 7577 SAVANNAH LANE LAKE WORTH, FL 33463		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LONGO, JOHN 7577 SAVANNAH LANE LAKE WORTH, FL 33463		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ 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: <u>John Longo</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>5/3/06</u> (772) 807-9322 Date Daytime Phone		

66016003



05032006 Chg-P CR2E034 (11/05)