


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State


DOCUMENT # P05000150725

1. Entity Name
SOUTHWEST FLORIDA TRUCKING & DIRT HAULING, INC.



Principal Place of Business 4671 LITTLE LEAGUE ROAD IMMOKALEE, FL 34142	Mailing Address PO BOX 515 IMMOKALEE, FL 34143
--	---

DO NOT WRITE IN THIS SPACE



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3939669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEAL, NOE
 4671 LITTLE LEAGUE ROAD
 IMMOKALEE, FL 34142**

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV LEAL, NOE PO BOX 515 IMMOKALEE, FL 34143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEAL, NOE PO BOX 515 IMMOKALEE, FL 34143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000648905
 03/07/07-80027-025 150.00

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:  **2/20/07** **239-250-5547**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #