## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000166711

Entity Name: TCR EXCAVATING, INC.

ROBERTS, REBECCA

1381 OAK SHORE DR.

ST. CLOUD, FL 34771

Name:

Address: City-St-Zip: FILED Apr 27, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1381 OAK SHORE DR. ST. CLOUD, FL 34771 **Current Mailing Address: New Mailing Address:** 1381 OAK SHORE DR. ST. CLOUD, FL 34771 FEI Number: 20-3902629 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBERTS, REBECCA 1381 OAK SHORE DR. ST. CLOUD, FL 34771 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ROBERTS, TERRY Name: Name: 1381 OAK SHORE DR. Address: Address: City-St-Zip: ST. CLOUD, FL 34771 City-St-Zip: Title: PD Title: () Delete (X) Change ( ) Addition ROBERTS, THOMAS C. Name: Name: ROBERTS, THOMAS C 199 SAND PINE CT. 199 SAND PINE CT. Address: Address: ST. CLOUD, FL 34771 City-St-Zip: ST. CLOUD, FL 34771 City-St-Zip: Title: Title: STD ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: REBECCA ROBERTS STD 04/27/2007