

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000011675**

1. Entity Name  
**NEW WAVE UNDERGROUND CONSTRUCTION INC**



Principal Place of Business  
**7221 BROMLEY DR  
NEW PORT RICHEY, FL 34653 US**

Mailing Address  
**7221 BROMLEY DR  
NEW PORT RICHEY, FL 34653 US**



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4204280**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DINNELL, ARLINE  
7221 BROMLEY DR  
NEW PORT RICHEY, FL 34653**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000787969  
01/18/08-80020-020 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DINNELL, ARLINE
STREET ADDRESS	7221 BROMLEY DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	VP
NAME	DINNELL, TOMMY
STREET ADDRESS	7221 BROMLEY DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	S
NAME	DINNELL, CHAD
STREET ADDRESS	7221 BROMLEY DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	T
NAME	DINNELL, DANNY
STREET ADDRESS	7221 BROMLEY DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Arline Dinnett* Arline Dinnett

1-14-08 727-848-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #