2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 18, 2007 8:00 am Secretary of State DOCUMENT # P06000119176 1. Entity Name 05-18-2007 90027 039 ***150.00 H & W EXCAVATING CORP. Principal Place of Business Mailing Address 2600 58TH AVE. NORTH 2600 58TH AVE. NORTH ST. PETERSBURG FL 33714 ST. PETERSBURG FL 33714 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** Zip Code FL 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. owner (NOTE, Registered Agent signature required when redistribing) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1: 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST 11111 1003 ☐ Delete ☐ Change ■ Addition HUNTER, WILLIE NAMI NAMI 2600 58TH AVE. NORTH SIDIF1 ADDRESS STRUET ADDRESS ST. PETERSBURG FL 33714 CHY-St-ZiP CHY SI-7IP TITLE Delete Change ☐ Addition NAM NAM STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY ST-7IP DHI Defete HHI ☐ Change Addition NAM NAM STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-SI-ZIP THUE □ Delete HITE ☐ Change □ Addition STREET ADDRESS STREET ADDRESS CITY ST-7IP CHY-ST-ZIP HIII Delete HIII Change Addition NAM NAMI STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY-SI-7P 1010 ☐ Delete HIII Change ☐ Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-S1-7IP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; 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:

owher

Daytime Phone #

FILED