2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State
02-14-2008 90032 025 ***150.00

DOCUMENT # P06000139188
1. Entity Name
A & R EXCAVATING, INC.

40025367

01182008 Chg-P CR2E034 (12/06)

Principal Place of Business
400 CALVIN AVE. (crossed out)
LEHIGH ACRES, FL 33936 (crossed out)
1716 Wellington Ave Lehigh Fl 33972

Mailing Address
P.O. DRAWER 60205
C/O ROBERT D. ROYSTON, JR., ESQ.
FT. MYERS, FL 33906

2. Principal Place of Business - No P.O. Box #: 1716 Wellington Ave
Suite, Apt. #, etc.:
City & State: Lehigh Acres Fl
Zip: 33972 Country: Lee

3. Mailing Address: C/o John M. Wicker
Suite, Apt. #, etc.: P.O. Drawer 60205
City & State: Fort Myers FL
Zip: 33906 Country: USA

4. FEI Number: 20-5824198 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ROYSTON JR., ROBERT D. ESQ.
12670 NEW BRITTANY BLVD., STE. 101
COSTELLO & ROYSTON, LLP
FT. MYERS, FL 33907

7. Name and Address of New Registered Agent
JOHN M. WICKER, P.A.
12670 NEW BRITTANY BLVD., STE 101
FORT MYERS, FL 33907
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] 2/11/08
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

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	GRAN, ALEX D.	
STREET ADDRESS	1716 WELLINGTON AVE.	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE	T	☐ Delete
NAME	GRAN, MELODY A.	
STREET ADDRESS	1716 WELLINGTON AVE.	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] Alex Gran 1/29/08 239 691 4314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #