2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# P41047

Entity Name: MCCLEARY EXCAVATING CO., INC.

Current Principal Place of Business:

P.O. BOX 308
BLUE GRASS, IA 52726

New Principal Place of Business:

11795 70TH AVENUE
BLUE GRASS, IA 52726

Current Mailing Address:

P.O. BOX 308
BLUE GRASS, IA 52726

New Mailing Address:

P.O. BOX 308
BLUE GRASS, IA 52726 US

FEI Number: 42-0954465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLEARY, DICK L.
536 19TH PL
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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:

Title: CD ( ) Delete
Name: MCCLEARY, DICK L.,
Address: 536 19TH PLACE
City-St-Zip: VERO BEACH, FL

Title: PD ( ) Delete
Name: MCCLEARY, TIM L.,
Address: 11795 70TH AVENUE
City-St-Zip: BLUE GRASS, IA

Title: DST ( ) Delete
Name: MCCLEARY, CAROL J.,
Address: 536 19TH PLACE
City-St-Zip: VERO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TIM L. MCCLEARY PD 02/03/2009
Electronic Signature of Signing Officer or Director Date