2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 29, 2004 8:00 am Secretary of State DOCUMENT # P93000039273 1. Entity Name 03-29-2004 90399 006 \*\*\*150 00 WILBRO LAND CLEARING, INC. Principal Place of Business Mailing Address 1300 GARVEY RD SW PALM BAY FL 32908 1300 GARVEY RD SW PALM BAY FL 32908 2. Principal Place of Business 3. Mailing Address 1300 GARUL 1300 GARVE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3189444 BAY ALM A) m Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAMS, DANIEL 1300 GARVEY RD. SW Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32908 City 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMS, PAUL D NAME NAME STREET ADDRESS 1400 GARVEY RD SW STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32908 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WILLIAMS, DANIEL L NAME NAME 1300 SW GARVEY RD SW STREET ADDRESS STREET ADDRESS PALM BAY FL 32908 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition | TITLE STD -NAME NAME WILLIAMS, ELIZABETH C STREET ADDRESS 1400 GARVEY RD. S.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32908 TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED