

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90040 009 ***150.00

DOCUMENT # P93000088872					
1. Entity Name DIRT-TEK, INC.					
Principal Place of Business 17267 76TH ST. N. LOXAHATCHEE, FL 33470			Mailing Address 17267 76TH ST. N. LOXAHATCHEE, FL 33470		
2. Principal Place of Business 719 Western Blvd		3. Mailing Address 719 Western Blvd			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____		01052005 Chg-P CR2E034 (10/03)	
City & State Lake Placid FL		City & State Lake Placid FL		4. FEI Number 65-0460935	
Zip 33852		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CARL BICE 17267 76TH ST. N. LOXAHATCHEE, FL 33470			7. Name and Address of New Registered Agent Name: CARL I BICE Street Address (P.O. Box Number is Not Acceptable): 719 Western Blvd City: Lake Placid FL Zip Code: 33852		
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: <u>CARL I. BICE</u> President (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PPD NAME BICE, CARL I STREET ADDRESS 17267 76TH ST. N. CITY-ST-ZIP LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete		TITLE NAME 719 Western Blvd STREET ADDRESS Lake Placid FL CITY-ST-ZIP 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME BICE, REBECCA L STREET ADDRESS 17267 76TH ST. N. CITY-ST-ZIP LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete		TITLE NAME 719 Western Blvd STREET ADDRESS Lake Placid FL CITY-ST-ZIP 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>CARL I. BICE</u> President			Date: _____ Daytime Phone #: 863.4650768		