2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90113 030 ***150.00

DOCUMENT # P93000088872

1. Entity Name
DIRT-TEK, INC.

Principal Place of Business	Mailing Address
719 WESTEEN BLVD LAKE PLACID, FL 33852	719 WESTEEN BLVD LAKE PLACID, FL 33852

01032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
719 Western Boulevard		719 Western Boulevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lake Placid, FL		City & State: Lake Placid, FL	
Zip: 33852	Country: USA	Zip: 33852	Country: USA

4. FEI Number: 65-0460935 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BICE, CARL I
719 WESTEAN BLVD
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 719 Western Boulevard

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 ______________________________
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD BICE, CARL I 719 WESTEEN BLVD LAKE PLACID, FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS: 719 Western Blvd. / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BICE, REBECCA L 719 WESTEEB BLVD LAKE PLACID, FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS: 719 Western Blvd. / CITY-ST-ZIP	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Rebecca L Bice 3/26/06 8634650768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #