

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P94000085228

1. Entity Name
ANDREW J BAUMKER, JR. MOBILE DRAGLINE SERVICE, INC.



Principal Place of Business Mailing Address

RR 6 BOX 889 **RR 6 BOX 889**
OKEECHOBEE, FL 34974 US **OKEECHOBEE, FL 34974 US**

DO NOT WRITE IN THIS SPACE



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0538195	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

BAUMKER, ANDREW J
RR 6 BOX 889
OKEECHOBEE, FL 34974

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BAUMKER, ANDREW JR RT 4 BOX 889 OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAUMKER, ELAINE RR 6 BOX 889 OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000710520
 04/25/07-80046-012 150.00

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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: *Mona E. Baumker* *Mona E. Baumker* 4-13-07 8639460272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #