2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 19, 2004 08:00 AM Secretary of State DOCUMENT # P94000085924 1. Entity Name HERMINIO MORALES EXCAVATING SERVICE, INC. Principal Place of Business Mailing Address 4321 15TH AVENUE SW PO BOX 11405 NAPLES, FL 34116 NAPLES, FL 34101 01242004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0554000 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MORALES, HERMINO DO NOT WRITE 4321 15TH AVE. S.W. NAPLES, FL 34116 IN THIS SPACE 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) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSTV** TITLE NAME MORALES, HERMINIO 4321 15TH AVE SW STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34116 U00000119681 TITLE 04/19/04-80110-004 150.00 MORALES, JESUS NAME STREET ADDRESS 4321 15TH AVE SW CITY-ST-ZIP NAPLES, FL 34116 TITLE NAME STREET AUDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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