

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90061 001 ***150.00

DOCUMENT # P95000052817

1. Entity Name

LESLIE L. SUMMERFORD EXCAVATING, INC.



Principal Place of Business

3504 SE 18TH TERR
OKEECHOBEE FL 34974
US

Mailing Address

3504 SE 18TH TERR
OKEECHOBEE FL 34974
US

2. Principal Place of Business

4793 Hwy 441 South
Suite, Apt. #, etc.
Okeechobee Florida
City & State

3. Mailing Address

4793 Hwy 441 South
Suite, Apt. #, etc.
Okeechobee Florida
City & State



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0592843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete
NAME SUMMERFORD, ANNETTE C
STREET ADDRESS 3504 SE 18TH TERR
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE DV ☐ Delete
NAME SUMMERFORD, LESLIE L
STREET ADDRESS 3504 SE 18TH TERR
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4793 Hwy 441 South
CITY-ST-ZIP Okeechobee Florida 34974

TITLE ☒ Change ☐ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leslie L. Summerford *Annette Summerford*

2-18-05

863-763-9330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #