
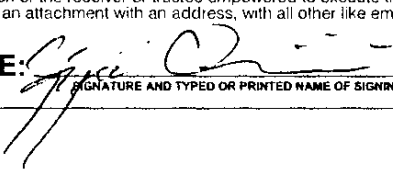


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90075 049 \*\*\*150.00

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # P95000053358</b><br>1. Entity Name<br><b>CRAWLER EXCAVATING, INC.</b>  |   |   |  |
| Principal Place of Business<br><b>865 LAFAYETTE STREET<br/>CAPE CORAL, FL 33904</b>  |   | Mailing Address<br><b>865 LAFAYETTE STREET<br/>CAPE CORAL, FL 33904</b>  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>8701 Oak Ridge Dr.</b><br>Suite, Apt. #, etc.<br><b>Lake Wales,</b><br>City & State<br><b>Florida</b><br>Zip<br><b>33898</b>  |   | 3. Mailing Address<br><b>8701 Oak Ridge Dr.</b><br>Suite, Apt. #, etc.<br><b>Lake Wales</b><br>City & State<br><b>Florida</b><br>Zip<br><b>33898</b>   |  |
| 4. FEI Number<br><b>65-0590949</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ONORINI, REBECCA<br/>865 LAFAYETTE STREET<br/>CAPE CORAL, FL 33904</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P O Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>ONORINI, REBECCA<br>5155 YORK CT<br>CAPE CORAL, FL 33904        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>Rebecca Onorini<br>8701 Oak Ridge Dr<br>Lake Wales, FL 33898     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>ONORINI, GIORGIO<br>5155 YORK CT<br>CAPE CORAL, FL 33904         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Pres.<br>Giorgio Onorini<br>8701 Oak Ridge Dr.<br>Lake Wales, FL 33898 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>ONORINI, ALESSANDRO<br>5720 RIVERSIDE DR<br>CAPE CORAL, FL 33904 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>Alessandro Onorini<br>31 Deer Run Rd.<br>Lake Wales, FL 33898     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>ONORINI, LUISA<br>709 SESAME CT<br>CAPE CORAL, FL 33904          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>Luisa Onorini<br>8701 Oak Ridge Dr.<br>Lake Wales, FL 33898       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: center;">Delete</div>                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: center;">Change Addition</div>                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: center;">Delete</div>                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: center;">Change Addition</div>                 |
| 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:    |   | Giorgio Onorini 4-9-07 696-0184 (863)  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | <small>Date Daytime Phone #</small>  |  |