

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 09, 2006
Secretary of State**

DOCUMENT# P95000097057

Entity Name: DEJONGE EXCAVATING CONTRACTORS, INC.

Current Principal Place of Business:

3500 RUSTIC ROAD
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 743
VENICE, FL 34284 US

New Mailing Address:

FEI Number: 65-0636287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEJONGE, EILEEN C
3500 RUSTIC ROAD
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEJONGE, HENRY L
Address: 3500 RUSTIC ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: DEJONGE, EILEEN C
Address: 3500 RUSTIC ROAD
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP T (X) Change () Addition
Name: DEJONGE, HENRY L
Address: 3500 RUSTIC ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: D PS (X) Change () Addition
Name: DEJONGE, EILEEN C
Address: 3500 RUSTIC ROAD
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN C. DEJONGE

PRES

10/09/2006

Electronic Signature of Signing Officer or Director

_____ Date