2008 FOR PROFIT CORPORATION ANNUAL REPORT:-

SIGNATURE:

FILED Feb 25, 2008 08:00 AN **DOCUMENT # P97000020111 Secretary of State** 1. Entity Name POPE'S EXCAVATING, INC. Principal Place of Business Mailing Address 3113 FRITZKE RD 3113 FRITZKE RD **DOVER, FL 33527 DOVER, FL 33527** 01302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3432925 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POPE, SHEILA G DO NOT WRITE 3113 FRITZKE RD **DOVER, FL 33527** 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPT TITLE NAME POPE, SHEILA G 3113 FRITZKE RD STREET ADDRESS CITY-ST-ZIP **DOVER, FL 33527** U00000839498 DS TITLE 03/06/08-50010-011:150:00 NAME POPE, ALBERT L STREET ADDRESS 3113 FRITZKE RD CITY-ST-ZIP **DOVER, FL 33527** TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

GOFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI