


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**3. Apr 24, 2008 8:00 am
Secretary of State**

03-11-2008 90019 034 ***150.00

DOCUMENT # P97000069993	
1. Entity Name K.I.M. TRUCKING & EXCAVATING, INC.	

Principal Place of Business 2831 56TH AVENUE, N.E. NAPLES, FL 34120	Mailing Address 2831 56TH AVENUE, N.E. NAPLES, FL 34120
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66007797



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3465427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MILLER, SANDRA
2831 56TH AVENUE, N.E.
NAPLES, FL 34120**

**DO NOT WRITE
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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE ST	NAME MILLER, SANDRA
STREET ADDRESS 2831 56TH AVENUE, N.E.	
CITY-ST-ZIP NAPLES, FL 34120	
TITLE P	NAME MILLER, FRANCIS L
STREET ADDRESS 2831 56TH AVENUE, N.E.	
CITY-ST-ZIP NAPLES, FL 34120	
TITLE VP	NAME STACY PEREZ
STREET ADDRESS 2420 20th Ave NE	
CITY-ST-ZIP Naples, FL 34120	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Sandra Miller* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #