

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90022 025 ***150.00

DOCUMENT # P98000097740

1. Entity Name

ATKINSON EXCAVATING, INC.



Principal Place of Business

626 RUDDER RD.
NAPLES FL 34102

Mailing Address

626 RUDDER RD.
NAPLES FL 34102

020000010



MOORE CR2E034 (11/03)

2. Principal Place of Business

626 Rudder Rd.

Suite, Apt. #, etc.

3. Mailing Address

626 Rudder Rd

Suite, Apt. #, etc.

City & State

NAPLES

City & State

NAPLES, FL

4. FEI Number

59-3541276

Applied For

Not Applicable

Zip

FI

Country

USA

Zip

34102

Country

collier

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATKINSON, CAREY
626 RUDDER RD.
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

CAREY ATKINSON

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

626 Rudder Rd.

City

NAPLES

FL

Zip Code

34102

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 Carey Atkinson

Signature, typed or printed name of registered agent and title if applicable

Carey Atkinson

(NOTE: Registered Agent signature required when reinstating)

2-9-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 DPVS
NAME ATKINSON, CAREY
STREET ADDRESS 626 RUDDER RD.
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Carey Atkinson Carey Atkinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-04 239-434-0548