## 2006 FOR PROFIT CORPORATION

**FILED** M

ANNUAL REPORT		Mar 09, 2006 08:00 A
DOCUMENT # P99000104187  1. Entity Name CUBERT DOZER SERVICE, INC.		Secretary of State
Principal Place of Business  413 OAK PLACE  BLDG 6, UNIT F  PORT ORANGE, FL 32127  Mailing Address  413 OAK PLACE  BLDG 6, UNIT F  PORT ORANGE, FL 32127  PORT ORANGE, FL 32127	7	
DO NOT WRITE IN THIS SP	PACE	01112006 No Chg-P
6. Name and Address of Current Registered Agent  CUBERT, RICHARD L 4577 MILES DR PORT ORANGE, FL 32127		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered agent.  SIGNATURE Signature. Speed or printed name of registered agent and title it applicable. (NOTE: Re	PRESIDE I	UT 03.06.06
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribu		ded to Fees
10. OFFICERS AND DIRECTORS  ITILE P  NAME CUBERT, RICHARD L  STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32127  TITLE  NAME STREET ADDRESS CITY-ST-ZIP		U00000461897 03/21/06-80012-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE		

12. I hereby certify that the information supplied with this filling 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: \_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

03.06.06 Date Dayline Phone 6