

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

3. **Apr 21, 2008 8:00 am**
Secretary of State

03-31-2008 90031 030 ***150.00

DOCUMENT # P99000106168

1. Entity Name
SYLVESTER EXCAVATING, INC.



Principal Place of Business
**12079 KIRTLAND AVENUE
PORT CHARLOTTE, FL 33953**

Mailing Address
**12079 KIRTLAND AVENUE
PORT CHARLOTTE, FL 33953**

66007356



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0969738

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SYLVESTER, JAMES G
12079 KIRTLAND AVE.
PORT CHARLOTTE, FL 33953**

**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 releasing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PS
SYLVESTER, JAMES GERARD
12079 KIRTLAND AVENUE
PORT CHARLOTTE, FL 33953**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SYLVESTER, DEWAYNE E
450 GLENRIDGE AVENUE
PORT CHARLOTTE, FL 33952**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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**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: *James G. Sylvester* **James G. Sylvester** **4-19-08** **941-628-7882**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #