2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # \$45903

1. Entity Name

WORSHAM UNDERGROUND UTILITIES, INC.



FILED
May 15, 2008 08:00 AN
Secretary of State

Principal Place of Business

1600 FIFTH STREET DAYTONA BEACH, FL 32117 Mailing Address

1600 FIFTH STREET DAYTONA BEACH, FL 32117



DO NOT WRITE IN THIS SPACE

05132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3060509

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

WORSHAM, JONATHAN JR. 1600 FIFTH ST. DAYTONA BEACH, FL 32117

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 Fiorida. I am familiar with, and accept the obligations of registered agent. | | | | |
|---|---|---|-----------------------------|------------|
| SIGNATURE | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIR | ECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WORSHAM, JONATHAN JR. 1600 FIFTH ST. DAYTONA BEACH, FL | | | |
| THLE NAME STREET ADDRESS CITY-ST-ZIP | D WORSHAM, PATRICIA 1600 FIFTH ST. DAYTONA BEACH, FL | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN 7 | THIS SPACE |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ego, ee l | |

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

5/13/08 386-255-1387

Daytime Phone #