

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S71018**

1. Entity Name  
DPR EXCAVATION, INC.



Principal Place of Business  
1128 ROYAL PALM BCH BLVD 227  
ROYAL PALM BCH, FL 33411 US

Mailing Address  
1128 ROYAL PALM BCH BLVD 227  
ROYAL PALM BCH, FL 33411 US



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0285701

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

RENALDO, DANIEL P.  
1128 ROYAL PALM BCH BLVD  
ROYAL PALM BCH, FL 33411

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

1000000237404  
02/21/05-80055-014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	RENALDO, DANIEL P.
STREET ADDRESS	1128 ROYAL PALM BCH BLVD
CITY - ST - ZIP	ROYAL PALM BCH, FL 33411
TITLE	S
NAME	KNOWLES, MELISSA
STREET ADDRESS	1128 ROYAL PALM BCH BLVD #227
CITY - ST - ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(f), 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

Daniel Renaldo

Date

Daytime Phone #

2-16-05 5201-798-3047