

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90226 001 ***300.00

DOCUMENT # S75478 1. Entity Name ROSS EXCAVATING, INC.			
Principal Place of Business 4560 N HWY US 1 BUNNELL, FL 32110		Mailing Address 4560 N HWY US 1 BUNNELL, FL 32110	
2. Principal Place of Business 400 SOUTH BAY ST		3. Mailing Address 400 SOUTH BAY ST	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State BUNNELL FL		City & State BUNNELL FL	
Zip 32110		Zip 32110	
Country 		Country 	
4. FEI Number 59-2935432		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, DENNIS 4560 N HWY US 1 BUNNELL, FL 32110		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400 SOUTH BAY ST City BUNNELL FL Zip Code 32110	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME ROSS, DENNIS G.	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4560 N HWY US 1	400 SOUTH BAY ST		
CITY-ST-ZIP BUNNELL, FL 32110	BUNNELL FL 32110		
TITLE ST	NAME TRAUSNECK, PAMELA	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4560 NORTH HWY US 1	400 SOUTH BAY ST		
CITY-ST-ZIP BUNNELL, FL 32110	BUNNELL FL 32110		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 			
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 			
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 			
CITY-ST-ZIP 			
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: <i>PAMELA TRAUSNECK</i> PAMELA TRAUSNECK 2/28/06 386 4370103			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			