

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90102 001 ***300.00

DOCUMENT # S75478

1. Entity Name
ROSS EXCAVATING, INC.



Principal Place of Business
**400 S BAY ST
BUNNELL, FL 32110**

Mailing Address
**400 S BAY ST
BUNNELL, FL 32110**

66010699



2. Principal Place of Business - No P.O. Box #
800 N STATE ST
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 354768
Suite, Apt. #, etc.

04112007 Chg-P CR2E034 (12/06)

City & State
BUNNELL FL
Zip
32110 Country
US

City & State
PALM COAST FL
Zip
32135-4768 Country
US

4. FEI Number
59-2935432 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSS, DENNIS
400 S BAY ST
BUNNELL, FL 32110**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
800 N STATE 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

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, 2007 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
**P
ROSS, DENNIS C.
400 S BAY ST
BUNNELL, FL 32110** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
TRAUSNECK, PAMELA
400 S BAY ST
BUNNELL, FL 32110** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**PO BOX 354768
PALM COAST FL 32135-4768**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**PO BOX 354768
PALM COAST FL 32135-4768**

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Date

386 437-7007

Daytime Phone #