


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000020906	
1. Entity Name JOE'S FILL DIRT & TRACTOR SERVICE, INC.	

Principal Place of Business 6102 CREEKWOOD DR. LAKELAND, FL 33811	Mailing Address 6102 CREEKWOOD DR. LAKELAND, FL 33811
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DO NOT WRITE IN THIS SPACE



08122008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0714030	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAYBORN, RONALD J 6102 CREEKWOOD DR. LAKELAND, FL 33811
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**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: *Ronald J. Rayborn Sr.* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAYBORN, RONALD J 6102 CREEKWOOD DR. LAKELAND, FL 33811
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08/18/08-80004-009 150.00

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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: *Ronald J. Rayborn Sr.* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____