


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000084785
1. Entity Name
JR'S EXCAVATION SERVICE, INC.



Principal Place of Business Mailing Address
662 BELL RD 1659 OPEN FIELD LOOP
SEFFNER, FL 33584 SEFFNER, FL 33584

DO NOT WRITE IN THIS SPACE



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3470268 Not Applicable

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

6. Name and Address of Current Registered Agent
OTTO, SHEILE K CPA
2010 PINE TERRACE
SARASOTA, FL 34231

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000090823
03/17/04-80034-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVERA, LEO R 1659 OPEN FIELD LOOP BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AVERIA, KATHRYN I 1659 OPEN FIELD LOOP BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AVERA, KATHRYN 1659 OPEN FIELD LOOP BRANDON, FL 33510
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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: Leo R. Avera Leo R. Avera 3/15/04 (941) 809-5826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #