


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90342 030 \*\*\*150.00

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



Principal Place of Business: 662 BELL RD, Sarasota, FL 34240  
 Mailing Address: 1659 OPEN FIELD LOOP, Brandon, FL 33510

**DO NOT WRITE IN THIS SPACE**



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3470268 Applied For: 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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AVERA, LEO R
STREET ADDRESS	1659 OPEN FIELD LOOP
CITY - ST - ZIP	BRANDON, FL 33510
TITLE	V
NAME	Avera KATHRYN J
STREET ADDRESS	1659 OPEN FIELD LOOP
CITY - ST - ZIP	BRANDON, FL 33510
TITLE	ST
NAME	AVERA, KATHRYN J
STREET ADDRESS	1659 OPEN FIELD LOOP
CITY - ST - ZIP	BRANDON, FL 33510
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(i), 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 4/13/05 (941) 809-5826  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #