

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 571096		
1. Entity Name J. P. BACKHOE SERVICE, INC.		

Principal Place of Business 888 C RD LOXAHATCHEE FL 33470	Mailing Address PO BOX 1191 LOXAHATCHEE FL 33470
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-1830486		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PLANTE, JULIEN 888 "C" RD LOXAHATCHEE FL 33470		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 re-stateling) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)	
TITLE .. S ☐ Delete	NAME PLANTE, JACQUELINE	TITLE ☐ Change ☐ Add	NAME
STREET ADDRESS 888 "C" RD	CITY- ST- ZIP LOXAHATCHEE FL 33470	STREET ADDRESS	CITY- ST- ZIP
TITLE ☐ Delete	NAME PLANTE, JULIEN	TITLE ☐ Change ☐ Add	NAME
STREET ADDRESS 888 "C" RD	CITY- ST- ZIP LOXAHATCHEE FL 33470	STREET ADDRESS	CITY- ST- ZIP
TITLE ☐ Delete	NAME PLANTE, DANIEL	TITLE ☐ Change ☐ Add	NAME
STREET ADDRESS 14037 COLLECTING CANAL RD	CITY- ST- ZIP LOXAHATCHEE FL 33470	STREET ADDRESS	CITY- ST- ZIP
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Add	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Add	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Add	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP

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04/22/06-80105-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Julien Plante* *JULIEN PLANTE 4-5-06 561-318-00*