

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90025 047 ***158.75

DOCUMENT # H38251	
1. Entity Name JR BULLDOZING, INC.	

Principal Place of Business 5330 COUNTY ROAD 561 CLERMONT FL 34711 US	Mailing Address 5330 COUNTY ROAD 561 CLERMONT FL 34711 US
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2. Principal Place of Business Same	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-2480034	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RUSSO, LINDA 5330 COUNTY ROAD 561 CLERMONT FL 34711

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 _____
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, 2004 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSO, JACOB 5330 COUNTY ROAD 561 CLERMONT FL 34711 <i>deceased died 1-1-04</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUSSO, LINDA 5330 COUNTY ROAD 561 CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUSSO, ROBERT V 2154 WHITE EAGLE ST CLERMONT FL 34711 <i>New Address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacob Russo, deceased <i>died 1-1-04</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, S.T.D. RUSSO, LINDA 5330 COUNTY ROAD 561 CLERMONT, FL. 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUSSO, ROBERT V. 242 W. TARRINGTON DRIVE DELAND, FL. 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAKE RUSSO, JR DIRECTOR 5330 COUNTY ROAD 561 CLERMONT, FL. 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Linda Russo* **Linda Russo, President, Secretary** 352-243-9290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Treasurer, Director** Date 2-24-04 Daytime Phone #