

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90081 036 \*\*\*150.00

40046639



03272007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # M01954</b> 1. Entity Name <b>J.D. BACKHOE, INC.</b>																																																													
Principal Place of Business <b>5230 S.W. 57TH ST. DAVIE, FL 33314</b>			Mailing Address <b>5230 S.W. 57TH ST. DAVIE, FL 33314</b>																																																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 223592</b> Suite, Apt. #, etc.																																																											
City & State  Zip      Country		City & State <b>HOLLYWOOD FL</b> Zip      Country <b>33022-3592      USA</b>		4. FEI Number <b>59-2506553</b>																																																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																													
6. Name and Address of Current Registered Agent  <b>DIXON, JANE 5230 SW 57TH ST. DAVIE, FL 33314</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating)      DATE _____																																																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> </tr> <tr> <td></td> <td>PD DIXON, JANE</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5230 S.W. 57TH ST.</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAVIE, FL</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>STD DIXON, JEFFREY</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5230 S.W. 57TH ST.</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAVIE, FL</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	NAME	TITLE	NAME		PD DIXON, JANE			STREET ADDRESS	5230 S.W. 57TH ST.	STREET ADDRESS		CITY - ST - ZIP	DAVIE, FL	CITY - ST - ZIP							STD DIXON, JEFFREY			STREET ADDRESS	5230 S.W. 57TH ST.	STREET ADDRESS		CITY - ST - ZIP	DAVIE, FL	CITY - ST - ZIP																					
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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.																																																													
<b>SIGNATURE:</b> <u>Jane Dixon</u> <u>Jane Dixon</u> <u>3-27-2007</u> <u>954 922-0885</u> <small>SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																																																													