

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90384 013 \*\*\*150.00

**DOCUMENT # P01000033691**

1. Entity Name  
**NORTH FLORIDA FILL AND MATERIAL, INC.**



Principal Place of Business  
**280 LEE RD  
JACKSONVILLE, FL 32225**

Mailing Address  
**280 LEE RD  
JACKSONVILLE, FL 32225**

**60023214**



2. Principal Place of Business  
**124 St. Johns Bluff Rd. W.**  
Suite, Apt. #, etc.

3. Mailing Address  
**124 St. Johns Bluff Rd. W.**  
Suite, Apt. #, etc.

03162006 Chg-P CR2E034 (11/05)

City & State  
**Jacksonville FL**  
Zip Country  
**32225 Duval**

City & State  
**Jacksonville FL**  
Zip Country  
**32225 Duval**

4. FEI Number  
**59-3712805**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**JARB, MIKE  
280 LEE RD  
JACKSONVILLE, FL 32225**

7. Name and Address of New Registered Agent

Name  
**Mike Jarb**  
Street Address (P.O. Box Number is Not Acceptable)  
**124 St. Johns Bluff Rd. W.**  
City  
**Jacksonville** FL Zip Code  
**32225**

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, 2006 Fee will be \$550.00**

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  
**P  
JARB, MIKE  
280 LEE RD  
JACKSONVILLE, FL 32225** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Mike Jarb  
124 St. Johns Bluff Rd. W  
Jacksonville, FL 32225** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

**Mike Jarb**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/06**

Date

**6441311**

Daytime Phone