

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT.

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

04-03-2006 90384 012 \*\*\*150.00

**60023215**



03162006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P01000038600</b> 1. Entity Name <b>DYNAMIC FILL AND MATERIAL, INC.</b>					
Principal Place of Business <b>340 LEE RD. JACKSONVILLE, FL 32225</b>			Mailing Address <b>340 LEE RD. JACKSONVILLE, FL 32225</b>		
2. Principal Place of Business <b>124 St. Johns Bluff Rd. W</b> Suite, Apt. #, etc.		3. Mailing Address <b>124 St. Johns Bluff Rd. W</b> Suite, Apt. #, etc.			
City & State <b>Jacksonville, FL</b> Zip Country <b>32225 Duval</b>		City & State <b>Jacksonville, FL</b> Zip Country <b>32225 Duval</b>		4. FEI Number <b>59-3910897</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>JARB, MIKE 340 LEE ROAD JACKSONVILLE, FL 32225</b>			7. Name and Address of New Registered Agent Name <b>Mike Jarb</b> Street Address (P.O. Box Number is Not Acceptable) <b>124 St. Johns Bluff Rd. W</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32225</b>		
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, 2006 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JARB, MIKE</b> <b>340 LEE RD.</b> <b>JACKSONVILLE, FL 32225</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Mike Jarb</b> <b>124 St. Johns Bluff Rd. W</b> <b>Jacksonville, FL 32225</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Mike Jarb</b>			Date: <b>3/15/06</b> Daytime Phone #: <b>642 1311</b>		