

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90398 031 ***150.00

DOCUMENT # P01000072886

1. Entity Name

J.E.G. CONTRACTING, INC.



Principal Place of Business

3102 - B SHIPPING AVE
COCONUT GROVE FL 33133

Mailing Address

3102 - B SHIPPING AVE
COCONUT GROVE FL 33133

2. Principal Place of Business

11004 NW 18th Ct.

Suite, Apt. #, etc.

3. Mailing Address

11004 N.W. 18th Ct.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

65-1140734

Applied For

Not Applicable

Zip

32606

Country

Alachua

Zip

32606

Country

Alachua

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, JAVIER E
3102 - B SHIPPING AVE
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name Garcia, Javier E.
Street Address (P.O. Box Number is Not Acceptable)
11004 N.W. 18th Ct.

City Gainesville FL **FL** Zip Code 32606

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	P	<input type="checkbox"/> Delete
NAME	GARCIA, JAVIER E	
STREET ADDRESS	3102 - B SHIPPING AVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARCIA, RACHEL	
STREET ADDRESS	3102 - B SHIPPING AVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, JAVIER E.	
STREET ADDRESS	11004 N.W. 18 th Ct.	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garcia, Rachel	
STREET ADDRESS	11004 N.W. 18 th Ct.	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04 786-269-7774