

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2007 8:00 am**  
**Secretary of State**

06-21-2007 90021 028 \*\*\*150.00

**DOCUMENT # P02000120330**

1. Entity Name  
**J.R.C. LAND CLEARING AND HAULING, INC.**



Principal Place of Business Mailing Address  
**491 S.W. CAHOON CT. 491 S.W. CAHOON CT.**  
**PORT ST. LUCIE, FL 34953 US PORT ST. LUCIE, FL 34953 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

06082007 Chg-P CR2E034 (12/06)

4. FEI Number 56-2302011 Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COLEMAN, JEFFREY K**  
**491 S.W. CAHOON CT.**  
**PORT ST. LUCIE, FL 34953**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P.</b> <b>COLEMAN, JEFFREY K</b> <b>491 S.W. CAHOON CT.</b> <b>PORT ST. LUCIE, FL 34953</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>COLEMAN, RONDA S</b> <b>491 S.W. CAHOON CT.</b> <b>PORT ST. LUCIE, FL 34953</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:** Ronda Coleman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-07  
Date Daytime Phone #

40121220



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## Annual Report Online Filing

Document Number P02000120330

Business Entity Name J.R.C. LAND CLEARING AND HAULING, INC.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number 562302011

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

### Principal Place of Business

Address 491 S.W. CAHOON CT.  
Suite, Apt. #, etc.   
City, State PORT ST. LUCIE, FL  
Zip Code & Country 34953 US

### Mailing Address

Address 491 S.W. CAHOON CT.  
Suite, Apt. #, etc.   
City, State PORT ST. LUCIE, FL  
Zip Code & Country 34953 US

### Name And Address of Registered Agent

Name (Last, First, Middle, Title) COLEMAN, JEFFREY, K

- OR -

Business to serve as RA

Address 491 S.W. CAHOON CT.  
Suite, Apt. #, etc.

City, State PORT ST. LUCIE, FL  
Zip Code & Country 34953 US

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If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name And Address****Name And Address #1**

Title P  
Name (Last, First, Middle, Title) COLEMAN, JEFFREY, K

- OR -

Entity Name to serve as Officer/Director President

Street Address 491 S.W. CAHOON CT.  
City, State PORT ST. LUCIE, FL  
Zip Code & Country 34953 US

**Name And Address #2**

Title VP  
Name (Last, First, Middle, Title) COLEMAN, RONDA, S

- OR -

Entity Name to serve as Officer/Director Vice President

Street Address 491 S.W. CAHOON CT.  
City, State PORT ST. LUCIE, FL  
Zip Code & Country 34953 US

**Name And Address #3**

Title \_\_\_\_\_  
Name (Last, First, Middle, Title) \_\_\_\_\_

- OR -

Entity Name to serve as Officer/Director \_\_\_\_\_

Street Address \_\_\_\_\_

City, State

Zip Code &amp; Country

**Name And Address #4**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

**Name And Address #5**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

**Name And Address #6**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with

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U.P.

Ronda Coleman

ATTACHMENT

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the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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