


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90002 022 ***150.00

DOCUMENT # P03000124756	
1. Entity Name JA BOYT BACKHOE SERVICES, INC.	

Principal Place of Business 7138 HANDCART RD. ZEPHYRHILLS, FL 33544-5265	Mailing Address 7138 HANDCART RD. ZEPHYRHILLS, FL 33544-5265
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2. Principal Place of Business 4007 MORRIS BRIDGE RD Suite, Apt. #, etc.	3. Mailing Address 7138 HANDCART RD Suite, Apt. #, etc.
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City & State ZEPHYRHILLS FL	City & State ZEPHYRHILLS FL
Zip 33544	Zip 33544
Country PASCO	Country PASCO

34064278



07132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent BOYT, JAMES A 7138 HANDCART RD. ZEPHYRHILLS, FL 33544-5265	
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4. FEI Number 52-2395329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYT, JAMES A 7138 HANDCART RD. ZEPHYRHILLS, FL 335445265 <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 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

7-20-04 813-783-6880
Date Daytime Phone #