

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90166 039 ***150.00

DOCUMENT # P03000141970

1. Entity Name
JEFF'S DIG & STEEL INC



Principal Place of Business
3737 ST JOHNS BLUFF RD S, #1012
JACKSONVILLE, FL 32224

Mailing Address
3737 ST JOHNS BLUFF RD S, #1012
JACKSONVILLE, FL 32224

20048212



2. Principal Place of Business

41 36TH AVE S

3. Mailing Address

41 36TH AVE S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152005

Chg-P

CR2E034 (10/03)

City & State

JACKSONVILLE BEACH FL

City & State

JACKSONVILLE BEACH FL

4. FEI Number

55-0853305

Applied For

Not Applicable

Zip

32250

Country

DUVAL

Zip

32250

Country

DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHOMER, JEFFREY B
3737 ST JOHNS BLUFF RD S, #1012
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name

JEFFREY B SHOMER

Street Address (P.O. Box Number is Not Acceptable)

41 36TH AVE S

City

JACKSONVILLE BEACH FL

Zip Code

32250

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

JEFFREY B SHOMER

JEFFREY B SHOMER

4-20-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
☐ Delete

PO
SHOMER, JEFFREY
3734 ST. JOHNS BLUFF RD. S, #1012
JACKSONVILLE, FL 32224

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

PO
JEFFREY B SHOMER
41 36TH AVE S
JACKSONVILLE BEACH FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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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:

JEFFREY B SHOMER

4-20-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #