

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90066 032 ***150.00

DOCUMENT # P04000018645

1. Entity Name

JIM LINES BACKHOE & DUMPTRUCK SERVICE INC.



Principal Place of Business

**9090 WAKULLA SPRINGS ROAD
TALLAHASSEE FL 32305**

Mailing Address

**9090 WAKULLA SPRINGS ROAD
TALLAHASSEE FL 32305**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3450335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LINES, JOYCE
9090 WAKULLA SPRINGS ROAD
TALLAHASSEE FL 32305**

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

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LINES, JIM	
STREET ADDRESS	9090 WAKULLA SPRINGS ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32305	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINES, JIMMY JR	
STREET ADDRESS	9090 WAKULLA SPRINGS ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32305	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINES, GARY	
STREET ADDRESS	9090 WAKULLA SPRINGS ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32305	
TITLE	V	<input type="checkbox"/> Delete
NAME	LINES, JOYCE	
STREET ADDRESS	9090 WAKULLA SPRINGS ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32305	
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"/> Change <input type="checkbox"/> Addition
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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

Joyce Lines - Joyce Lines

Date

Daytime Phone #

850-421-9858