


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000066298 1. Entity Name JADE EXCAVATING INC	
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Principal Place of Business 1132 GROVELAND DRIVE CHULUOTA, FL 32766	Mailing Address 1132 GROVELAND DRIVE CHULUOTA, FL 32766
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DO NOT WRITE IN THIS SPACE



07112007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1027848	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIFFERD, ANITA
1132 GROVELAND DRIVE
CHULUOTA, FL 32766

**DO NOT WRITE
IN THIS SPACE**

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 07/16/07-80009-025 150.00

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. <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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES SIFFERD, ANITA 1132 GROVELAND DRIVE CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HENDERSON, JASON 1132 GROVELAND DRIVE CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC SIFFERD, ANITA 1132 GROVELAND DRIVE CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA SIFFERD, ANITA 1132 GROVELAND DRIVE CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: Anita Sifferd ANITA Sifferd 7-13-07 407-282-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # x.224