



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P04000133225 1. Entity Name MBJ BACKHOE SERVICE'S INCORPORATED |  |
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| Principal Place of Business 3901 MARTIN LUTHER KING BLVD FT MYERS, FL 33916 | Mailing Address 3901 MARTIN LUTHER BLVD FT MYERS, FL 33916 |
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DO NOT WRITE IN THIS SPACE



09072006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 20-1916427 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent GORDON, ROBERT 3901 MARTIN LUTHER KING BLVD FT MYERS, FL 33916 | DO NOT WRITE IN THIS SPACE |
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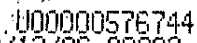
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

DATE _____

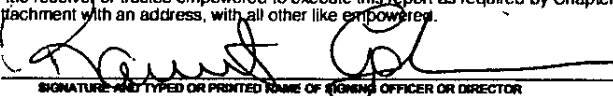
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| FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GORDON, ROBERT 3901 MARTIN LUTHER KING BLVD FT MYER, FL 33916 |
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09/13/06-80003-015 150.00

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9-11-06** Daytime Phone # _____