

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P34972

1. Entity Name
JACK B. HARPER CONTRACTOR, INC.



Principal Place of Business
**70393 BRAVO STREET
COVINGTON, LA 70433 US**

Mailing Address
**P.O. BOX 309 NA
MANDEVILLE, LA 70470-0309 US**



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1180277

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	HARPER, JACK B.
STREET ADDRESS	70393 BRAVO STREET
CITY- ST- ZIP	COVINGTON, LA
TITLE	T
NAME	SCHNEIDER, CRAIG B.
STREET ADDRESS	70393 BRAVO STREET
CITY- ST- ZIP	COVINGTON, LA
TITLE	S
NAME	HODGES, MONICA B.
STREET ADDRESS	70393 BRAVO STREET
CITY- ST- ZIP	COVINGTON, LA
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000031050
02/04/04-80133-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Monica B. Hodges

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04

Date

(985) 892-6500

Daytime Phone #

Monica B. Hodges