2004 FOR PROFIT CORPORATION
- ANNUAL REPORT (AR)

SIGNATURE:

## Feb 27, 2004 08:00 AM Secretary of State DOCUMENT # P96000072469 J & P EXCAVATING INC. Mailing Address Principal Place of Business 8402 VILLAGE GREEN ROAD ORLANDO FL 32818 8402 VILLAGE GREEN ROAD ORLANDO FL 32818 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3400855 Not Applicable Zio Zic Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETAMAR, JAGDEO Street Address (P.O. Box Number is Not Acceptable) 8402 VILLAGE GREEN ROAD ORLANDO FL 32818 City 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 tille 4 applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete TITLE ☐ Change ☐ Addition TITLE 000000068012 02/27/04-80024-011 150.00 PETAMAR, JAGEDO MAME NAME STREET ADDRESS 8402 VILLAGE GREEN ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32818 CITY-ST-ZIP Delete 3331 5 Change Addition TETLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP THE Change Addition 7833 F ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TETLE ☐ Change Addition MAARE NAME STREET ADDRESS STREET ADDRESS CHTY - ST - ZIP CITY - ST - ZIP TIELE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIBLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it changed, or on an attachment with an address, with all other like empowered.

**FILED**