


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000084785	
1. Entity Name JR'S EXCAVATION SERVICE, INC.	

Principal Place of Business 662 BELL RD SARASOTA, FL 34240	Mailing Address 1659 OPEN FIELD LOOP BRANDON, FL 33510
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01132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3470268	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 OTTO, SHEILE K CPA 2010 PINE TERRACE SARASOTA, FL 34231
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000806693
02/06/08-80052-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVERA, LEO R 1659 OPEN FIELD LOOP BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AVERA, KATHRYN J. 1659 OPEN FIELD LOOP BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AVERA, KATHRYN J. 1659 OPEN FIELD LOOP BRANDON, FL 33510
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: Leo R. Avera Leo R. Avera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08
Date

941-809-5826
Daytime Phone #