

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90075 006 ***150.00

DOCUMENT # P97000104151

1. Entity Name

J. D. CONTRACTORS, INC.



Principal Place of Business

~~1411 JOHN MOORE RD~~
BRANDON FL 33511

Mailing Address

~~1411 JOHN MOORE RD~~
BRANDON FL 33511

2. Principal Place of Business

3409 Maze Lane

Suite, Apt. #, etc.

3. Mailing Address

3409 Maze Lane

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3485186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARSHEK, JEFF

~~1411 JOHN MOORE ROAD~~
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

304 Maze Lane

City

FL

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 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MARSHEK, JEFF
STREET ADDRESS ~~1411 JOHN MOORE RD~~
CITY - ST - ZIP BRANDON FL 33511

TITLE PVST ☐ Delete
NAME MARSHEK, JEFF
STREET ADDRESS ~~1411 JOHN MOORE RD~~
CITY - ST - ZIP BRANDON FL 33511

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3409 Maze Lane
CITY - ST - ZIP Brandon, FL.

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3409 Maze Lane
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeff Marshek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-04

Date

(727) 439-0300

Daytime Phone #