

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90043 003 ***158.75

DOCUMENT # F65914

1. Entity Name
F & J TRANSPORTATION, INC.



Principal Place of Business
12835 HOLLOWAY RD
TAMPA, FL 33625-3831

Mailing Address
12835 HOLLOWAY RD
TAMPA, FL 33625-3831

40016374



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2166692

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CANNON, JEAN K
12835 HOLLOWAY RD
TAMPA, FL 33625-3831

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

NAME
PSD
CANNON, JEAN K
12835 HOLLOWAY ROAD
TAMPA, FL 33625

NAME
V
MENDEZ, CHAR LYNN C
11125 BRAMBLEBRUSH
TAMPA, FL 33624

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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:

JEAN K CANNON
JEAN K CANNON

JAN 31, 2007 813 926 0494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

President