

FROM :

FAX NO. :

Jun. 11 2003 11:54AM P1

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # G43330

1. Entity Name
WAYNE JONES TRUCKING, INC.

Principal Place of Business

4250 E 4TH AVE
HIALEAH, FL 33013

Mailing Address

4250 E 4TH AVE
HIALEAH, FL 33013

04202006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2292478Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, WAYNE R.
4250 E 4TH AVE
HIALEAH, FL 33013

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

Signatures, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required upon reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JONES, WAYNE
STREET ADDRESS	446 OLD RIVER RD
CITY-ST-ZIP	BOLLMINGDALE, GA
TITLE	DST
NAME	JONES, NANCY
STREET ADDRESS	446 OLD RIVER ROAD
CITY-ST-ZIP	BLOOMINGDALE, GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000529052
05/05/06-80060-015 150.00

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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: Nancy Jones NANCY JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

4-20-2006 305 822-4231

FILED

Secretary of State