

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000144829

Entity Name: JAKE WOOD TRUCKING INC.

FILED
Mar 04, 2006
Secretary of State

Current Principal Place of Business:

5100 PICKETT DR
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

5100 PICKETT DR
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 26-0075749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, JAKE
5100 PICKETT DR
JACKSONVILLE, FL 32219 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WOOD, JAKE
Address: 5100 PICKETT DR
City-St-Zip: JACKSONVILLE, FL 32219

Title: DV () Delete
Name: WOOD, AMANDA
Address: 5100 PICKETT DR
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: BRIGHT, DAVID R
Address: 28297 COFFEE MILL LN
City-St-Zip: HILLARD, FL 32046

Title: M () Delete
Name: COMBS, CHRISTOPHER T
Address: 800 MILLER ST., LOT 15
City-St-Zip: ST. MARYS, GA 31558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COLLEY, ANDY
Address: 9009 WESTERNLANE DR #1910
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAKE WOOD

DP

03/04/2006

Electronic Signature of Signing Officer or Director

Date