

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000035761

Entity Name: JTM TRUCKING, INC.

FILED  
May 04, 2009  
Secretary of State

**Current Principal Place of Business:**

7632 CLOVELLY PARK PLACE  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

7632 CLOVELLY PARK PLACE  
APOLLO BEACH, FL 33572 US

**Current Mailing Address:**

7632 CLOVELLY PARK PLACE  
APOLLO BEACH, FL 33572

**New Mailing Address:**

7632 CLOVELLY PARK PLACE  
APOLLO BEACH, FL 33572 US

FEI Number: 01-0653856

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA, JOEL D  
7632 CLOVELLY PARK PLACE  
APOLLO BEACH, FL 33572 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GARCIA, JOEL  
Address: 7632 CLOVELLY PARK PLACE  
City-St-Zip: APOLLO BEACH, FL 33572

Title: V ( ) Delete  
Name: GARCIA, MONICA  
Address: 7632 CLOVELLY PARK PLACE  
City-St-Zip: APOLLO BEACH, FL 33572

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GARCIA, JOEL D  
Address: 7632 CLOVELLY PARK PLACE  
City-St-Zip: APOLLO BEACH, FL 33572

Title: VP (X) Change ( ) Addition  
Name: GARCIA, MONICA  
Address: 7632 CLOVELLY PARK PLACE  
City-St-Zip: APOLLO BEACH, FL 33572

I hereby certify that the information supplied with this filing does not qualify 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: JOEL D GARCIA

P

05/04/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date