

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 243241

1. Entity Name
JAX TRUCK RENTALS, INC.



Principal Place of Business
**1116 N EDGEWOOD AVE
JACKSONVILLE, FL 32254**

Mailing Address
**1116 N. EDGEWOOD AVE.
JACKSONVILLE, FL 32254 US**



04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0947021

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**REED, ROBERT D.
1116 N. EDGEWOOD AVENUE
JACKSONVILLE, FL 32254**

**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

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GAMELSKY, PATRICIA A. R
111 BIRCHWOOD AVE
UPPER NYACK, NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
REED, ROBERT D
3761 ORTEGA BLVD.
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOHLA, MARILYN
67 MONTCLAIR DR. N.E.
ATLANTA, GA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000922823
05/16/08-80006-005 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Reed

4/23/08

Date

904-786-3220

Daytime Phone #