2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 670688

1. Entity Name

JOHNNY'S TRACTOR TRAILER SERVICE, INC.



FILED Apr 17, 2008 08:00 A Secretary of State

Principal Place of Business

3383 S.W. 11TH AVE,

ALAN LOEFFLER

FT. LAUDERDALE, FL 33315

Mailing Address

3383 S.W. 11TH AVE,

ALAN LOEFFLER

FT. LAUDERDALE, FL 33315 US

No Cha-P

DO NOT WRITE IN THIS SPACE

4. FEI Number

01072008

CR2E034 (11/05)

59-2010140

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOEFFLER, ALAN J. 3383 SW 11TH AVE FT LAUDERDALE, FL 33315

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.					
SIGNATURESignature, typod or printed name of registered agent and title if egolicable. (NOTE: Registered Agent promitize required when renestating). DATE					
Signature, typed or printed name of registered agent and title if epplicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWIN FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.		cing 🗆	\$5.00 May Be Added to Fees	U00000902457 04730708-90006-022 150 00	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOEFFLER, ALAN J. 3383 S.W. 11TH AVENUE FT. LAUDERDALE, FL		DO NOT WRITE IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP	VP LOEFFLER, BRIAN 3383 SW 11TH AVENUE FORT LAUDERDALE, FL 33315				
TITLE NAME STREET ADORESS CITY-ST-ZIP	ST LOEFFLER, BARBARA 3383 SW 11TH AVENUE FORT LAUDERDALE, FL 33315				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:				
12. I hereby certify that the information supplied with this filling 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 trusted 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 adgress, with all other like empowered.					

OF SIGNING OFFICER OR DIRECTOR

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