


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90267 002 \*\*\*150.00

<b>DOCUMENT # 688398</b> 1. Entity Name JOHN L. SHADD TRUCKING, INC.	
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Principal Place of Business HWY. 121 SOUTH P.O. BOX 506 LAKE BUTLER, FL 32054	Mailing Address HWY. 121 SOUTH P.O. BOX 506 LAKE BUTLER, FL 32054
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40086399



01312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2012564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DRIGGERS, CASSANDRA HWY 121 SOUTH PO BOX 506 LAKE BUTLER, FL 32054
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**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, 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 NAME STREET ADDRESS CITY- ST- ZIP	PSD SHADD, JOHN L P O BOX 506 LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DRIGGERS, CASSANDRA 9678 SE SR 121 LAKE BUTLER, FL 32054
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**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:**

*Cassandra Driggers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-06  
Date

386-496-2631  
Daytime Phone #