

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000002665 1. Entity Name FLYING J INSURANCE SERVICES INC.	
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Principal Place of Business 1104 COUNTRY HILLS DRIVE OGDEN, UT 84403	Mailing Address 1104 COUNTRY HILLS DRIVE OGDEN, UT 84403
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04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 87-0439091	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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.

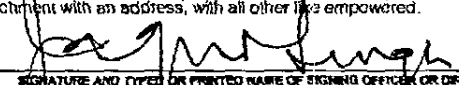
SIGNATURE _____ (NOTE: Registered Agent's signature required when registering) DATE _____

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	0000000513059 04/29/06-80113-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGH, JAGJIT 1104 COUNTRY HILL DR. OGDEN, UT 84403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALDEZ, TIM 1104 COUNTRY HILLS DR. OGDEN, UT 84403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S3 CONKLIN, JOHN 1104 COUNTRY HILLS DR. OGDEN, UT 84403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLS, MARK L 1104 COUNTRY HILLS DR. OGDEN, UT 84403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, J. PHILLIP 1104 COUNTRY HILLS DR. OGDEN, UT 84403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 118, 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:  **JAGJIT SINGH**
PRESIDENT 04/10/2006 (801) 624-1601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #