2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000001347

1. Entity Name
JNA TRUCKING, INC.

FILED
04 OCT -4 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1245 MALONE AVE SPRING HILL, FL 34606	8C LA BONNE VIE DR E PATCHQUE, NY 11772

09292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	1245 Malone Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Spring Hill, Fl.
Zip / Country	Zip: 34606 / Country: Hernando

4. FEI Number: 14-1850061 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARIDI, JOSEPH
1245 MALONE AVE
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
Due by September 8, 2004

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CARIDI, JOSEPH 1245 MALONE AVE SPRING HILL, FL 34606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800041564208 10/04/04--01027--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CARIDI, ANGELA 1245 MALONE AVE SPRING HILL, FL 34606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Angela R. Caridi 9/28/04 352 666-4712

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