

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90141 034 \*\*\*150.00

<b>DOCUMENT # F95000006027</b> 1. Entity Name <b>JBK TRUCKING, INC.</b>			
Principal Place of Business <b>1503 BRENTWOOD AVE ELLWOOD CITY, PA 16117</b>		Mailing Address <b>1503 BRENTWOOD AVE ELLWOOD CITY, PA 16117</b>	
2. Principal Place of Business <b>4461 Eastport Parkway</b> Suite, Apt. #, etc.		3. Mailing Address <b>4461 Eastport Parkway</b> Suite, Apt. #, etc.	
City & State <b>Port Orange, FL</b>		City & State <b>Port Orange, FL</b>	
Zip <b>32127</b>		Zip <b>32127</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>25-1567765</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>O'BRIEN, THERESA C 20244 MELVILLE STREET ORLANDO, FL 32833</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PLETZ-BENEDICT, JOSEPH</b> <b>119 STAMM HOLLOW RD.</b> <b>ELLWOOD CITY, PA 16117</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Pletz-Benedict Joseph</b> <b>4898 S. Atlantic Ave.</b> <b>Ponce Inlet, FL 32127</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>PLETZ-BENEDICT, MARY C</b> <b>119 STAMM HOLLOW RD.</b> <b>ELLWOOD CITY, PA 16117</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>Pletz-Benedict, Mary C.</b> <b>4898 S. Atlantic Ave.</b> <b>Ponce Inlet, FL 32127</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>Jody D. Boste</b> <b>4789 S. Atlantic Ave., #3</b> <b>Ponce Inlet, FL 32127</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <b>CFO</b>		<b>4/11/06</b> <b>386-322-9976</b> Date Daytime Phone #	