2007 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

FILED Apr 11, 2007 08:00 A Secretary of State DOCUMENT # G43330 1. Entity Name WAYNE JONES TRUCKING, INC. Principal Place of Business Mailing Address 4250 E 4TH AVE **4250 E 4TH AVE** HIALEAH, FL 33013 HIALEAH, FL 33013 02222007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2292478 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, WAYNE R. DO NOT WRITE 4250 E 4TH AVE HIALEAH, FL 33013 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME JONES, WAYNE STREET ADDRESS 446 OLD RIVER RD CITY-ST-ZIP **BOLLMINGDALE, GA** TITLE U00000700513 04/20/07-80020-813 150.00 NAME JONES, NANCY STREET ADDRESS 446 OLD RIVER ROAD CITY-ST-ZIP BLOOMINGDALE, GA MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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:	Na	Jones	NANCY JOGES	4-9-2007	912-748-916
	SIGNATURE A	ND TYPED OR PRINTED	NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #