2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 07, 2008 8:00 am Secretary of State DOCUMENT # H44612 1. Entity Name 04-07-2008 90031 031 ***150 00 C. JACKSON & SONS TRUCKING COMPANY, INC. Principal Place of Business Mailing Address C/O CHARLES JACKSON, JR. C/O CHARLES JACKSON, JR. 822 NW 33RD WAY 822 NW 33RD WAY FT LAUDERDALE, FL 33311 FT LAUDERDALE, FL 33311 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2503567 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON, CHARLES, JR. Street Address (P.O. Box Number is Not Acceptable) 822 NW 33RD WAY FT LAUDERDALE, FL 33311 Zip Code City FI 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 ager (NOTE: Registered Agent signature required when reinstating) DATE ered agent and bite Election Campaign Financing \$5.00 May Be-FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD □ Delete TITLE ☐ Change Addition JACKSON, CHARLES, JR. NAME NAME 822 NW 33RD WAY STREET ADDRESS STREET ADDRESS FT LAUDERDALE, FL CITY-ST-ZIE CITY-ST-ZIP ☐ Change TITLE ☐ Delete THILE ☐ Addition NAME NAME STREET ADDRESS SURFEL ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Chance THRE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition IITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachre ant with an address with all other like empowered RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED