

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # J16964	
1. Entity Name J. M. J. TRUCKING, INC.	



Principal Place of Business 19600 CR 455 CLERMONT, FL 34711 US	Mailing Address P.O. BOX 560448 MONTEVERDE, FL 34756 US
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2678374	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STALEY, STACEY RENEE 19600 CR 455 CLERMONT, FL 34711

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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 as registered agent.	
SIGNATURE: <i>Stacey Renee Staley</i> Signature, typed or photocopied of registered agent and file if applicable	DATE: <i>1-30-06</i> (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STALEY, BRUCE 19600 CR 455 CLERMONT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STALEY, STACEY R. 19600 CR 455 CLERMONT, FL 34711
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02/13/06-80082-004 150.00

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 another like empowered.	
SIGNATURE: <i>Stacey Renee Staley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <i>1-30-06</i> DAYTIME PHONE #: <i>407-469-2455</i>