

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2007 8:00 am
Secretary of State

06-06-2007 90002 046 ***150.00

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| DOCUMENT # K03003 1. Entity Name JORDAN TRUCKING COMPANY, INC. | | | |  | |
| Principal Place of Business 7212 PIERCE HARWELL DRIVE PLANT CITY, FL 33565-4878 US | | | Mailing Address 7212 PIERCE HARWELL DRIVE PLANT CITY, FL 33565-4878 US | | |
| 2. Principal Place of Business - No P.O. Box # 902 PINE STREET Suite, Apt. #, etc. | | 3. Mailing Address 902 PINE STREET Suite, Apt. #, etc. | | | |
| City & State NICHOLLS, GA | | City & State NICHOLLS, GA | | 4. FEI Number 59-2855693 | |
| Zip 31554-4077 | Country USA | Zip 31554-4077 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JORDAN, MARY 7212 PIERCE HARWELL ROAD PLANT CITY, FL 33565 | | | | 7. Name and Address of New Registered Agent Name J. MICHEAL SMITH, CPA Street Address (P.O. Box Number is Not Acceptable) 1601 RICKENBACKER DRIVE SUITE 9 City SUN CITY CENTER FL Zip Code 33573 | |
| 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 <u>J. MICHEAL SMITH, CPA</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DPVS JORDAN, MARY 7212 PIERCE HARENELL PLANT CITY, FL 33565 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 902 PINE STREET NICHOLLS, GA 31554-4077 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <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 | <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 | |
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| 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. | | | | | |
| SIGNATURE: <u>Mary Jordan</u> MARY JORDAN, PRESIDENT 6-2-07 1912-345-1010 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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