

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # K03528

1. Entity Name
B & J TRUCKING ENTERPRISES, INC.



Principal Place of Business
**2440 SAND LAKE RD
LONGWOOD, FL 32779**

Mailing Address
**2440 SAND LAKE RD
LONGWOOD, FL 32779**



02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2857554	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SOWERS, WILLIAM H.
2440 SAND LAKE RD
LONGWOOD, FL 32779**

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOWERS, WILLIAM H.
STREET ADDRESS	2440 SAND LAKE RD
CITY-ST-ZIP	LONGWOOD, FL
TITLE	VST
NAME	SOWERS, EVELYN J.
STREET ADDRESS	2440 SAND LAKE RD
CITY-ST-ZIP	LONGWOOD, FL
TITLE	D
NAME	SOWERS, EVELYN J.
STREET ADDRESS	2440 SAND LAKE RD
CITY-ST-ZIP	LONGWOOD, FL
TITLE	V
NAME	SOWERS, DARRELL W.
STREET ADDRESS	2440 SAND LAKE ROAD
CITY-ST-ZIP	LONGWOOD, FL
TITLE	V
NAME	SOWERS, KEVIN L
STREET ADDRESS	2160 SOUTH TERRACE BLVD.
CITY-ST-ZIP	LONGWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000859082
04/02/08-80009-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: William H. Sowers **W.H. Sowers**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-08
Date

407-862-0145
Daytime Phone #