


2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED

Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000005892		
1. Entity Name J NORRIS TRUCKING, LLC		
Principal Place of Business 3787 NE CR. 146 JENNINGS, FL 32053 US		Mailing Address 3787 NE CR. 146 JENNINGS, FL 32053 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FOLSOM, LYNDA M 548 CHANBRIDGE ROAD JASPER, FL 32052		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: <u>Lynda Folsom</u> DATE: <u>4-11-04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	
NAME	NORRIS, JACK E	
STREET ADDRESS	3787 NE CR 146	
CITY-ST-ZIP	JENNINGS, FL 32053	
TITLE	MGRM	
NAME	NORRIS, SAMANTHA A	
STREET ADDRESS	3787 NE CR 146	
CITY-ST-ZIP	JENNINGS, FL 32053	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: <u>Jack E Norris</u> <u>Jack E Norris</u> 4-11-04 386-938-2574		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



02242004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3612928	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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04/14/04-80022-025 50.00

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