


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000005892</b> 1. Entity Name J NORRIS TRUCKING, LLC	
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Principal Place of Business 3787 NE CR. 146 JENNINGS, FL 32053 US	Mailing Address 3787 NE CR. 146 JENNINGS, FL 32053 US
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**DO NOT WRITE IN THIS SPACE**



01062005 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

6. Name and Address of Current Registered Agent  FOLSOM, LYNDIA M 548 CHANBRIDGE ROAD JASPER, FL 32052	<b>DO NOT WRITE IN THIS SPACE</b>
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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 of registered agent.

SIGNATURE: Lynda Folsom DATE: 4-12-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NORRIS, JACK E 3787 NE CR 146 JENNINGS, FL 32053
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NORRIS, SAMANTHA A 3787 NE CR 146 JENNINGS, FL 32053
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04/15/05-80007-013 50.00

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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: Jack E. Norris Jack E. Norris DATE: 4-12-05 DAYTIME PHONE: 386-938-2574  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE