

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90027 008 ****50.00

DOCUMENT # L04000001250 1. Entity Name J AND D TRUCK LEASING AND SALES, LLC					
Principal Place of Business 1200 CENTRAL AVENUE NAPLES, FL 33940			Mailing Address 5035 YACHT HARBOR DRIVE UNIT 101 NAPLES, FL 33940		
2. Principal Place of Business 4854 Seabreeze Dr.		3. Mailing Address 4854 Seabreeze Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Naples, FL		City & State Naples, FL		4. FEI Number 20-0469663	
Zip 34114		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name John J. Stehlik Street Address (P.O. Box Number is Not Acceptable) 4854 Seabreeze Dr. City Naples FL Zip Code 34114		
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><i>John J. Stehlik</i></u> (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE <u>May 1, 2005</u>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEHLIK, JOHN 1200 CENTRAL AVENUE NAPLES, FL 33940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3 MGRM Stehlik, John J. 4854 Seabreeze Dr. Naples, FL 34114	<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
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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
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><i>John J. Stehlik</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: <u>May 1, 2005</u> (989) 798-3060 <small>Date Daytime Phone #</small>		