

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014183

FILED
May 24, 2006
Secretary of State

Entity Name: DONNA JOHNSON TRUCKING LLC

Current Principal Place of Business:

8770 BILLINGSLEY RD.
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

8770 BILLINGSLEY RD.
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 81-0645682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JOHNSON, DONNA
8770 BILLINGSLEY RD.
TALLAHASSEE, FL 32309 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, DONNA
Address: 8770 BILLINGSLEY RD.
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: JOHNSON, CHARLIE M
Address: 8770 BILLINGSLEY RD.
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: EDWARDS, DON
Address: 434 PULLBACK RD
City-St-Zip: SOPCHOPPY, FL 32358

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONNA JOHNSON

MGRM

05/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date