2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #L77791

Entity Name

M & C JONES TRUCKING, INC.

Principal Place of Business

Mailing Address

C/O MILES A. JONES, JR. 7510 74TH ST. N. PINELLAS PARK, FL 33781

US

C/O MILES A. JONES, JR. 7510 74TH ST. N. PINELLAS PARK, FL 33781

FILED Mar 03, 2008 08:00 A Secretary of State



01042008

No Chg-P

CR2E034 (11/05)

4.	FEI Number
	59-3014034

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	of	Current	Re	gistere	d Ag	jent

JONES, MILES A., JR. 7510-74TH ST. N.

PINELLAS PARK, FL 34665

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	purpose of changing its registered	office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registered A	igent signatur	e required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	,		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, MILES A., JR. 7510-74TH ST. N. PINELLAS PARK, FL				·. ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JONES, CHARLOTTE F. 7510-74TH ST. N. PINELLAS PARK, FL		U00000845757		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	03/17/08-80007-022 150.00 NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND YPED OR PRINTED NAME

miles H

JULISTR 2/2

2/29/08

727-541-544

Daytime Phone #