

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P00000010496

1. Entity Name  
J & J YIREH TRUCK SERVICES, INC.



Principal Place of Business

1103 OBSERVATORY DRIVE  
ORLANDO, FL 32818

Mailing Address

1103 OBSERVATORY DRIVE  
ORLANDO, FL 32818

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**



03262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3636680

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEDINA, ENRIQUE  
1103 OBSERVATORY DRIVE  
ORLANDO, FL 32818

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MEDINA, ENRIQUE  
STREET ADDRESS 1103 OBSERVATORY DRIVE  
CITY-ST-ZIP ORLANDO, FL 32818

TITLE VP  
NAME MEDINA, HEIDY A  
STREET ADDRESS 1103 OBSERVATORY DR  
CITY-ST-ZIP ORLANDO, FL 32818

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000717527  
04/30/07-80051-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #