

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000019409

1. Entity Name
J & J R TRUCKERS, INC.



Principal Place of Business
**11291 S.W. 70TH LANE
CEDAR KEY, FL 32625**

Mailing Address
**11291 S.W. 70TH LANE
CEDAR KEY, FL 32625**



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3626249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GIFFORD, MARLENE M
11291 S.W. 70TH LANE
CEDAR KEY, FL 32625**

**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	SD
NAME	GIFFORD, MARLENE M
STREET ADDRESS	11291 SW 70 LANE
CITY-ST-ZIP	CEDAR KEY, FL 32625

TITLE	TD
NAME	GIFFORD, WALTER G
STREET ADDRESS	11291 SW 70 LANE
CITY-ST-ZIP	CEDAR KEY, FL 32625

TITLE	PD
NAME	GIFFORD, JEFFREY A
STREET ADDRESS	12591 NE 108TH TERR
CITY-ST-ZIP	ARCHER, FL 32618

TITLE	VD
NAME	GIFFORD, JANE E
STREET ADDRESS	12591 NE 108TH TERR
CITY-ST-ZIP	ARCHER, FL 32618

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/07-80041-019 150.00

**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: MARLENE M. GIFFORD
Marlene M. Gifford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07 (352) 543-8002
Date Daytime Phone #