

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 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**



03142008 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 ☐ **\$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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000859339  
04/02/08-80019-007 150.00**

**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	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/14/08 (352) 543-6525**