

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000032589	
1. Entity Name A. & J.'S TRUCKING OF DADE CITY, INC.	
Principal Place of Business 14534 BILLIE LANE DADE CITY, FL 33525	Mailing Address 14534 BILLIE LANE DADE CITY, FL 33525



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3636075	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOWEN, JOHN
14534 BILLIE LANE
Y
DADE CITY, FL 33525

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1000000552174
05/13/06-80126-024 150.00

10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	BOWEN, JOHN	
STREET ADDRESS	14534 BILLIE LANE	
CITY - ST - ZIP	DADE CITY, FL 33525	
TITLE	V	
NAME	BOWEN, AUDREY	
STREET ADDRESS	14534 BILLIE LANE	
CITY - ST - ZIP	DADE CITY, FL 33525	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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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

AUDREY S. BOWEN
D.P.

4/13/06 352-58815
Date Daytime Phone #