

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000040986

**FILED**  
**Jan 18, 2008**  
**Secretary of State**

**Entity Name:** JAMES L. NEFF TRUCKING, INCORPORATED

**Current Principal Place of Business:**

5959 PETERSON RD.  
FT. PIERCE, FL 34947

**New Principal Place of Business:**

113 PINE DRIVE  
INTERLACHEN, FL 32148

**Current Mailing Address:**

PO BOX 13285  
FORT PIERCE, FL 349793215

**New Mailing Address:**

3286 OLD EDWARDS ROAD  
FORT PIERCE, FL 34981

**FEI Number:** 65-1002734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEFF, JAMES L  
5959 PETERSON RD.  
FT. PIERCE, FL 34947 US

**Name and Address of New Registered Agent:**

NEFF, JAMES L  
113 PINE DRIVE  
INTERLACHEN, FL 32148 US

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.

**SIGNATURE:**

01/18/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NEFF, JAMES L  
Address: 5959 PETERSON RD.  
City-St-Zip: FT. PIERCE, FL 34947

Title: T ( ) Delete  
Name: NEFF, CAROL J  
Address: 5959 PETERSON RD  
City-St-Zip: FORT PIERCE, FL 34947

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: NEFF, JAMES L  
Address: 113 PINE DRIVE  
City-St-Zip: INTERLACHEN, FL 32148

Title: T (X) Change ( ) Addition  
Name: NEFF, CAROL J  
Address: 113 PINE DRIVE  
City-St-Zip: INTERLACHEN, FL 32148

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JAMES L NEFF

PRES

01/18/2008

Electronic Signature of Signing Officer or Director

Date