

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90139 044 \*\*\*158.75

DOCUMENT # P01000038959

1. Entity Name  
JBD TRUCKING, INC.



Principal Place of Business  
960 MULLETT RD  
CAPE CANAVERAL, FL 32920

Mailing Address  
3134 SOUTH 14TH ST.  
ABILENE, TX 79605

2. Principal Place of Business  
2023 N. Atlantic Ave  
Suite, Apt. #, etc.  
#255

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Cocoa Beach, FL

City & State

04062005 Chg-P CR2E034 (10/03)

4. FEI Number  
84-1420277

Applied For  
Not Applicable

Zip  
32931

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

DEINLEIN, J. BRET  
960 MULLETT RD  
CAPE CANAVERAL, FL 32920

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
2023 N. Atlantic Ave #255  
City Cocoa Beach FL Zip Code 32931

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

(NOTE: Registered Agent signature required when reinstating)

4/10/05  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	DEINLEIN, J. BRET	
STREET ADDRESS	960 MULLETT RD	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CHAVEZ, ANGELA	
STREET ADDRESS	3134 SOUTH 14TH ST.	
CITY-ST-ZIP	ABILENE, TX 79605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2023 N. Atlantic Ave #255	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bret Deinlein  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/05 325-698-7101  
Date Daytime Phone #