2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

| | ANNUAL REPORT | | | | | Secretary of State | | | | |
|--|--|--|-----------------------------------|--|-----------------------------|---------------------------|--------------------------------|--------------|------------|--|
| DOCUMENT # P01000038959 1. Entity Name JBD TRUCKING, INC. | | | | | | 05-05-2008 | 3 90263 04 | 4 ***15 | 0.00 | |
| Principal Plac | e of Business | Mailing Address | l. | | 400 | 71101 | | | | |
| 2023 N. ATLANTIC AVE #255 COCOA BEACH, FL 32931 | | 3134 SOUTH 14TH ST. ABILENE, TX 79605 | | | | 1181 81 48 4 86 1 61 |) | | | |
| 2. Principal P | Place of Business - No P.O. Box # | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc | | Suite, Apt. #, etc. | | | 05012008 | Chg-P | CR2E034 | (12/06) | | |
| Port St. John Florida | | City & State | | | 4. FEI Number 84-1420277 | | Applied For Not Applicable | | | |
| 32927 Country | | Zip Count | | у | 5. Certificate of | | \$8.75 Additional Fee Required | | | |
| | 6. Name and Address of Current F | Registered Agent | -1 | N | 7. Name and A | Address of New I | Registered Ag | ent | | |
| DEINLEIN, J. BRET | | | | Name | | | | | | |
| 5440 FRIENDLY ST COCOA, FL 32927 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | City | | | FL | Zip Code | 9 | |
| | named entity submits this statement for tions of registered agent. | the purpose of changing its | registered | d office or register | ed agent, or both | , in the State of F | lorida. I am far | niliar with, | and accept | |
| | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and bitle il applicable. [NOTE: Registered Agent signature required with the control of the c | | | | | | | DATE | | | |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0 | 9. Election Campaig Trust Fund Contri | | ~ _ + | .00 May Be ed to Fees | : | | | | |
| 10. | OFFICERS AND D | DIRECTORS | 11. | , | ADDITIONS/C | HANGES TO OF | FICERS AND D | IRECTORS | S IN 11 | |
| THLE NAME STREET ADDRESS CITY-ST-ZIP | DP DEINLEIN, J. BRET 5440 FRIENDLY ST COCOA, FL 32927 | ☐ Delete | TITLE NAME STREET CITY-S | ADDRESS 57-ZIP | | | [| ☐ Change | ☐ Addition | |
| TITLE | DST | Delete | TITLE | | | | | Change | Addition | |
| NAME STREET'ADDRESS | CHAVEZ, ANGELA 3134 SOUTH 14TH ST. | | NAME STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | ABILENE, TX 79605 | | CITY-S | | | | | | | |
| IIILE | · | ☐ Delete | TITLE | | - | | [| Change | Addition | |
| STREET ADDRESS | | | NAME STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CITY-S | T-ZIP | | | | | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | ······································ | CITY-S | T-ZIP | | | | | | |
| TITLE NAME | | ☐ Delete | TITLE | | | | | Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | STREE1 | ADDRESS | | | | | | |
| | | | UIIY-S | T-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | iT - ZIP | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAME | ADDRESS | | | | Change | Addition | |

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:

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Daytime Phone #