
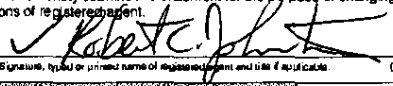
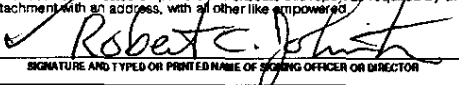


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03 JUL 30 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0100046656			
1. Entity Name JERZAK TRUCKING, INC.			
Principal Place of Business 5520 GUNN HWY APT 1203 TAMPA, FL 33624		Mailing Address 5520 GUNN HWY APT 1203 TAMPA, FL 33624	
2. Principal Place of Business 5520 GUNN HWY Suite, Apt. #, etc. 403		3. Mailing Address 5520 GUNN HWY Suite, Apt. #, etc. 403	
City & State TAMPA FL 33614		City & State	
Zip 33624	Country	Zip 33624	Country
6. Name and Address of Current Registered Agent JOHNSTON, ROBERT C 5520 GUNN HWY APT 1203 TAMPA, FL 33624		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5520 GUNN HWY APT 403 City TAMPA FL Zip Code 33624	
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:  <small>Signature, title or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when withdrawing.)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSTON, ROBERT C 5520 GUNN HWY APT 1203 TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5520 GUNN HWY APT 403 TAMPA FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 7-20-03 Daytime Phone #	

100022136831
08/08/03--01002--003 **150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

9/7/30

JERZAK TRUCKING INC

5520 Gunn Hwy Apt 403
Tampa, FL 33624

July 11, 2003

Division of Corporations

P.O Box 6327

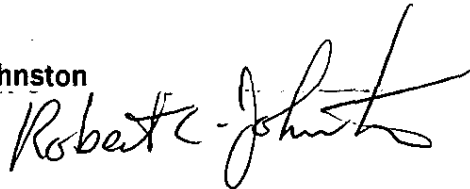
Tallahassee, FL 32314

Re: Annual Report Fees

Per our conversation I am including the fee of \$150.00 for the Annual report. This is the first year we need to pay these fees. Please make note that I am receiving all my mail on 5520 Gunn Hwy Apt 403, Tampa, FL 33614

Thank you, for your services.

**Robert C Johnston
Officer**

A handwritten signature in black ink that reads "Robert C Johnston". The signature is written in a cursive style with a large, sweeping initial "R".