

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90049 025 ***158.75

DOCUMENT # P01000093183 1. Entity Name J & W TRUCKING SERVICES, INC.					
Principal Place of Business 13980 S.E. 80TH AVENUE SUMMERFIELD, FL 34491			Mailing Address P.O. BOX 1090 SUMMERFIELD, FL 34492		
2. Principal Place of Business - No P.O. Box # 15149 SE 73 Ave		3. Mailing Address P.O. Box 1090			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Summerfield FL		City & State Summerfield FL		4. FEI Number 65-1140310	
Zip 34491		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, JOHN H 13980 SE 80TH AVENUE SUMMERFIELD, FL 34491		7. Name and Address of New Registered Agent Name Walter Terenik Street Address (P.O. Box Number is Not Acceptable) 15149 SE 73 Ave City Summerfield FL Zip Code 34491			
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 <u>X Walter Terenik</u> DATE 2-9-07 <small>Signatures, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	PTSD CAMPBELL, JOHN H <input checked="" type="checkbox"/> Delete 13980 SE 80TH AVENUE SUMMERFIELD, FL 34491		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD Walter Terenik <input type="checkbox"/> Delete 15149 SE 73 Ave Summerfield FL 34492		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: <u>X Walter Terenik</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2-9-07 <small>Daytime Phone #</small>		