

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90207 030 \*\*\*150.00

<b>DOCUMENT # P02000007899</b> 1. Entity Name <b>JOBE TRUCKING, INC.</b>					
Principal Place of Business <b>1911 CREST RIDGE DR CLERMONT, FL 34711 US</b>				Mailing Address <b>1911 CREST RIDGE DR CLERMONT, FL 34711 US</b>	
2. Principal Place of Business <b>13350 SW 60th CT Rd.</b>		3. Mailing Address <b>13350 SW 60th CT Rd.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04122006    Chg-P    CR2E034 (11/05)	
City & State <b>OCALA, FL</b>		City & State <b>OCALA, FL 3</b>		4. FEI Number <b>02-0536595</b>	
Zip <b>34473</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOBE, SHAZAD S 5809 SW 115TH ST RD OCALA, FL 34476</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>13350 SW 60th CT Rd.</b> City <b>OCALA</b> <b>FL</b> Zip Code <b>34473</b>			
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 obligation of, registered agent. SIGNATURE: <u><i>Shazad M. Jobe</i></u> <b>SHAZAD M. JOBE SECRETARY</b> <b>04-22-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>JOBE, SHAZAD</b> <b>5809 SW 115TH ST RD</b> <b>OCALA, FL 34476</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>JOBE, MOHAMED A SR</b> <b>1911 CREST RIDGE DR.</b> <b>CLERMONT, FL 34711</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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><i>Shazad M. Jobe</i></u> <b>SHAZAD M. JOBE SECRETARY</b> <b>04-22-06</b> <b>352-361-3095</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					