

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90020 039 ***150.00

DOCUMENT # P02000007899

1. Entity Name
JOBE TRUCKING, INC.



Principal Place of Business
**13350 SW 60TH CT RD.
OCALA, FL 34473 US**

Mailing Address
**13350 SW 60TH CT RD.
OCALA, FL 34473 US**

40043160



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
02-0536595

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOBE, SHAZAD S
13350 SW 60TH CT RD.
OCALA, FL 34473**

Name
AFZAL JOBE

Street Address (P.O. Box Number is Not Acceptable)
13350 SW 60th Ct. Rd.

City
Ocala

FL

Zip Code
34473

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:

Afzal Jobe

TREASURER

3/8/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JOBE, SHAZAD
13350 SW 60TH CT ROAD
OCALA, FL 34473** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JOBE, MOHAMED A SR
13350 SW 60TH CT ROAD
OCALA, FL 34473** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
JOBE, AFZAL
13350 SW 60TH CT RD.
OCALA, FL 34473** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Afzal Jobe *TREASURER*

3/8/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #