

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043710

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: BFJ TRUCKING, INC.

## Current Principal Place of Business:

7677 RICKMAN ST  
JACKSONVILLE, FL 32244

## New Principal Place of Business:

P.O. BOX 441135  
JACKSONVILLE, FL 32222

## Current Mailing Address:

7677 RICKMAN ST  
JACKSONVILLE, FL 32244

## New Mailing Address:

FEI Number: 01-0701226

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAMES, BENJAMIN  
7677 RICKMAN ST  
JACKSONVILLE, FL 32244

## Name and Address of New Registered Agent:

JAMES, BENJAMIN F  
7677 RICKMAN ST  
JACKSONVILLE, FL 32244

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.

SIGNATURE: BENJAMIN F. JAMES

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: PRICE, OTTO J III  
Address: PO BOX 9597  
City-St-Zip: RIVIERA BEACH, FL 33419

Title: S ( ) Delete  
Name: HARRIS, SYLVIA  
Address: 5928 FIRESTONE RD. APT. 139  
City-St-Zip: JACKSONVILLE, FL 32244

Title: T ( ) Delete  
Name: JAMES, KATE S  
Address: 7677 RICKMAN ST.  
City-St-Zip: JACKSONVILLE, FL 32244

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: JAMES, BENJAMIN F  
Address: 7677 RICKMAN ST  
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN JAMES

P

04/28/2004

Electronic Signature of Signing Officer or Director

Date