

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000043710

1. Entity Name
BFJ TRUCKING, INC.



Principal Place of Business
**P.O. BOX 441135
JACKSONVILLE, FL 32222**

Mailing Address
**7677 RICKMAN ST
JACKSONVILLE, FL 32244**



03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0701226

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JAMES, BENJAMIN F
7677 RICKMAN ST
JACKSONVILLE, FL 32244**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	PRICE, OTTO J III
STREET ADDRESS	PO BOX 9597
CITY-ST-ZIP	RIVIERA BEACH, FL 33419
TITLE	S
NAME	HARRIS, SYLVIA
STREET ADDRESS	5928 FIRESTONE RD. APT. 139
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	T
NAME	JAMES, KATE S
STREET ADDRESS	7677 RICKMAN ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	P
NAME	JAMES, BENJAMIN F
STREET ADDRESS	7677 RICKMAN ST
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/05-80027-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Benjamin F. James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

904 881-0446

Daytime Phone #