

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048764

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: J B SHAW TRUCKING COMPANY

## Current Principal Place of Business:

PO BOX 477  
JASPER, FL 32052

## New Principal Place of Business:

1658 3RD ST NW  
JASPER, FL 32052

## Current Mailing Address:

PO BOX 477  
JASPER, FL 32052

## New Mailing Address:

1658 3RD ST NW  
JASPER, FL 32052

FEI Number: 01-0717363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOLSOM, LYNDAM  
548 CHANBRIDGE DRIVE  
JASPER, FL 32052

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SHAW, JAMES B  
Address: PO BOX 477  
City-St-Zip: JASPER, FL 32052

Title: DVT ( ) Delete  
Name: SHAW, CAROLYN  
Address: PO BOX 477  
City-St-Zip: JASPER, FL 32052

Title: S ( ) Delete  
Name: FOLSOM, LYNDAM  
Address: PO BOX 927  
City-St-Zip: JASPER, FL 32052

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: SHAW, JAMES B  
Address: 1658 3RD ST NW  
City-St-Zip: JASPER, FL 32052

Title: DVT (X) Change ( ) Addition  
Name: SHAW, CAROLYN  
Address: 1658 3RD ST NW  
City-St-Zip: JASPER, FL 32052

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

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: LYNDAM FOLSOM

S

04/30/2004

Electronic Signature of Signing Officer or Director

Date