

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 25, 2004 8:00 am**  
**Secretary of State**

08-25-2004 90005 025 \*\*\*150.00

**DOCUMENT # P02000075375**

1. Entity Name

ROJO TRUCKING, INC.



Principal Place of Business

2471 AINSWORTH AVE.  
DELTONA FL 32738

Mailing Address

PO BOX 391664  
DELTONA FL 32738

2. Principal Place of Business

3889 N.W. Archer St

Suite, Apt. #, etc.

APT # 101

3. Mailing Address

3889 N.W. Archer St

Suite, Apt. #, etc.

APT # 101

City & State

Lake City FL

City & State

Lake City FL

Zip

32055

Country

Columbia

Zip

32055

Country

Columbia



MOORE

CR2E034 (4/04)

4. FEI Number

59-3693929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, RONNIE  
2471 AINSWORTH AVE.  
DELTONA FL 32738

7. Name and Address of New Registered Agent

Name

Jackson Ronnie

Street Address (P.O. Box Number is Not Acceptable)

3889 N.W. Archer Street APT 101

City

Lake City

FL

Zip Code

32055

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 Nana Foster VP

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

Nana Foster

(NOTE: Registered Agent signature required when reinstating)

Aug 22, 2004

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME JACKSON, RONNIE  
STREET ADDRESS 2471 AINSWORTH AVE  
CITY-ST-ZIP DELTONA FL 32738 ☐ Delete

TITLE VP  
NAME FOSTER, NANA  
STREET ADDRESS PO BOX 391664  
CITY-ST-ZIP DELTONA FL 32738 ☐ Delete

TITLE SEC  
NAME FOSTER, NANA  
STREET ADDRESS PO BOX 391664  
CITY-ST-ZIP DELTONA FL 32738 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Jackson Ronnie  
STREET ADDRESS P.O. Box 368  
CITY-ST-ZIP Lake City FL 32055 ☒ Change ☐ Addition

TITLE VP  
NAME Foster NANA  
STREET ADDRESS P.O. Box 368  
CITY-ST-ZIP Lake City FL 32055 ☒ Change ☐ Addition

TITLE SEC  
NAME Foster Nana  
STREET ADDRESS P.O. Box 368  
CITY-ST-ZIP Lake City FL 32055 ☒ Change ☐ Addition

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

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

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

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:

Nana Foster

Nana Foster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 22, 2004

Date

386-961-8246

Daytime Phone #