

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000079841

1. Entity Name
JAG TRUCKING SERV. CORP



Principal Place of Business
160 KENSINGTON WAY
ROYAL PALM BEACH, FL 33414

Mailing Address
160 KENSINGTON WAY
ROYAL PALM BEACH, FL 33414

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0787884

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MARIA T
160 KENSINGTON WAY
ROYAL PALM BEACH, FL 33414

**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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME GARCIA, MARIA T
STREET ADDRESS 160 KENSINGTON WAY
CITY-ST-ZIP ROYAL PALM BEACH, FL 33414

TITLE VP
NAME GARCIA, JOSE A
STREET ADDRESS 160 KENSINGTON WAY
CITY-ST-ZIP ROYAL PALM BEACH, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000955851
07/22/08-80009-012-150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #