

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000080342

1. Entity Name

J & B TRUCK SERVICE, INC.



Principal Place of Business

**14601 SW 168TH AVE
INDIANTOWN FL 34956**

Mailing Address

**8914 SE LUCAYA LANE
HOBE SOUND FL 33455**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

04-3704873

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELCARPIO, JOSE
8914 SE LUCAYA LANE
HOBE SOUND FL 33455**

Name

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

City

FL

Zip Code

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

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

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: DELCARPIO, JOSE
STREET ADDRESS: 8914 SE LUCAYA LANE
CITY-ST-ZIP: HOBE SOUND FL 33455 ☐ Delete

TITLE: VST
NAME: WARREN, BARBARA
STREET ADDRESS: 8914 SE LUCAYA LANE
CITY-ST-ZIP: HOBE SOUND FL 33455 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Add
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
CITY-ST-ZIP: ☐ Change ☐ Add
**U00000159370
03/18/06 80029-021 158.75**

TITLE: ☐ Change ☐ Add
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
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STREET ADDRESS: ☐ Change ☐ Add
CITY-ST-ZIP: ☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

Barbara Warren

3/6/06

772-223-8831