


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90011 006 \*\*\*158.75

**DOCUMENT # P02000111609**

1. Entity Name  
**JANZ TRUCKING, INC.**



Principal Place of Business      Mailing Address

**832 W GATE DR**      **832 W GATE DR**  
**JACKSONVILLE, FL 32221**      **JACKSONVILLE, FL 32221**

**50030045**

2. Principal Place of Business      3. Mailing Address

**13410 SW 3rd Ct**      **13410 SW 3rd Ct**

Suite, Apt. #, etc.      Suite, Apt. #, etc.



03162005      Chg-P      CR2E034 (10/03)

City & State      City & State

**Ocala, FL**      **Ocala, FL**

Zip      Country      Zip      Country

**34473**      **34473**

4. FEI Number      Applied For

**55-0800730**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STANLEY, JEREMIAH**  
**832 W GATE DR**  
**JACKSONVILLE, FL 32221**

**7. Name and Address of New Registered Agent**

Name: **Jackie Z. Stanley**

Street Address (P.O. Box Number is Not Acceptable): **13410 SW 3rd Ct**

City: **Ocala**      State: **FL**      Zip: **34473**

B. 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: *Jackie Z. Stanley*      DATE: **03-17-05**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	STANLEY, JERRY J	832 W GATE DR	JACKSONVILLE, FL 32221	<input checked="" type="checkbox"/>
D	STANLEY, JACKIE Z	832 W GATE DR	JACKSONVILLE, FL 32221	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 persons empowered.

SIGNATURE: *Jackie Z. Stanley*      DATE: **03-17-05**      DAYTIME PHONE: **1352-867-7282**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #