

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000126552**

1. Entity Name  
**FLEET MAINTENANCE OF JAY, FLORIDA, INC.**



Principal Place of Business

**5160 OIL PLANT ROAD  
JAY, FL 32565**

Mailing Address

**PO BOX 430  
JAY, FL 32565**



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**05-0546536**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**SALTER, KENNY  
5160 OIL PLANT ROAD  
JAY, FL 32565**

**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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME **SALTER, KENNY PRES**  
STREET ADDRESS **5160 OIL PLANT ROAD**  
CITY- ST- ZIP **JAY, FL 32565**

TITLE V.P.  
NAME **SALTER, DORIS D V.P.**  
STREET ADDRESS **5160 OIL PLANT RD**  
CITY- ST- ZIP **JAY, FL 32565**

TITLE TRES  
NAME **SALTER, CARLYN N TRES**  
STREET ADDRESS **5160 OIL PLANT RD.**  
CITY- ST- ZIP **JAY, FL 32565**

TITLE SEC  
NAME **SALTER, MEGAN B SEC**  
STREET ADDRESS **5160 OIL PLANT RD.**  
CITY- ST- ZIP **JAY, FL 32565**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

1100000557585  
05/17/06-80054-020 150.00

**DO NOT WRITE  
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: Kenny Salter Kenny Salter  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06 850-675-0722  
Date Daytime Phone #