2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000006595

1. Entity Name
JUMBO INTERSTATE TRUCKING, INC.

Principal Place of Business	Mailing Address
45 MOODY DRIVE PALM COAST, FL 32137	45 MOODY DRIVE PALM COAST, FL 32137

DO NOT WRITE IN THIS SPACE

02142005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
56-2329774	Not Applicable

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

6. Name and Address of Current Registered Agent

SAVY, BENJAMIN
25 PINE CONE DRIVE
SUITE 2A
PALM COAST, FL 32164

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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 *03*

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	PS
NAME	GUNTER, RAYMOND
STREET ADDRESS	45 MOODY DR
CITY-ST-ZIP	PALM COAST, FL 32137

TITLE	TREASURER
NAME	MARIANNE GUNTER
STREET ADDRESS	45 MOODY DR.
CITY-ST-ZIP	PALM COAST, FL. 32137

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   03/26/05   386 446 8462

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