

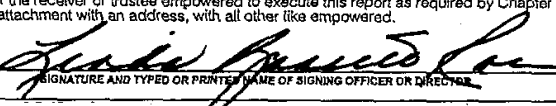


Jan 12,
Secr

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000015232			
1. Entity Name J.A.B. DRIVERS LEASING COMPANY, INC.			
Principal Place of Business 1068 SW PAYNE AVE PORT ST. LUCIE, FL 34953		Mailing Address 1068 SW PAYNE AVE PORT ST. LUCIE, FL 34953	
DO NOT WRITE IN THIS SPACE			
		 01062006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 90-0059564	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BASSETTI ROSS, LINDA 1068 SW PAYNE AVE PORT ST. LUCIE, FL 34953			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	01/12/06-80045-020 158.75
10. OFFICERS AND DIRECTORS			DO NOT WRITE IN THIS SPACE
TITLE	D		
NAME	BASSETTI, JOHN		
STREET ADDRESS	1068 SW PAYNE AVE		
CITY-ST-ZIP	PT ST LUCIE, FL 34953		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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:  1/6/2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			