2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)

## Apr 26, 2007 8:00 am Secretary of State → ANNUAL REPORT (AR) DOCUMENT # P03000037068 1. Entity Namo 04-26-2007 90205 016 \*\*\*158.75 JJ TRANSPORT OF ARCADIA, INC. Principal Place of Business Mailing Address 1866 SOUTH HILLSBOROUGH AVE. 1866 SOUTH HILLSBOROUGH AVE. ARCADIA FL 34266 ARCADIA FL 34266 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 04-3750958 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Juni MANSFIELD, MADELON A 1866 SOUTH HILLSBOROUGH AVE. Hillsborough Ave ARCADIA FL 34266 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change X Delete Addition HILE шп MANSFIELD, MADELON A Mansfield, Sandra L. 1866 SE Hills borough Ave Arcadia, FL 34266 NAME NAME 1866 SOUTH HILLSBOROUGH AVE. STREET ADDRESS STREET ADDRESS ARCADIA FL 34266 CITY-SI-7IP CITY ST ZIP Delete Change une Addition MANSFIELD, JURIL O NAME NAMI. 1866 SOUTH HILLSBOROUGH AVE. STREET ADORESS STREET ADDRESS ARCADIA FL 34266 CITY-ST-ZIP CITY ST 7IP D ☐ Delete ☐ Change TITLE THIE Addition MANSFIELD. JURIL, O JR. MARK. NAME 1866 SOUTH HILLSBOROUGH AVE. STREET ADDRESS STREET ADDRESS ARCADIA FL 34266 CITY ST ZIP CITY - ST - ZIP ☐ Change ☐ Delete HILL ☐ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY SI-7IP ☐ Delete HILE Change ■ Addition HHE NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY ST ZIP Change Delete TIFLE ■ Addition NAMI STREET ADDRESS STRUCT ADDRESS CITY - ST- ZiP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 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 eath; that I am an efficer 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.

**FILED** 

SIGNATURE: SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICEN OR DIRECTOR Date \$63-990 19 213.23