


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90044 047 \*\*\*150.00

<b>DOCUMENT # P03000039954</b>	
1. Entity Name <b>J. R. &amp; SON TRANSPORT, INC.</b>	

Principal Place of Business <b>5408 FRIARSWAY DRIVE TAMPA FL 33624</b>	Mailing Address <b>5408 FRIARSWAY DRIVE TAMPA FL 33624</b>
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2. Principal Place of Business <b>1002 W. Busch Blvd.</b>	3. Mailing Address <b>P.O. Box 340596</b>
Suite, Apt. #, etc. <b>Suite A</b>	Suite, Apt. #, etc.
City & State <b>Tampa, FL</b>	City & State <b>Tampa, FL</b>
Zip <b>33612</b> Country <b>USA</b>	Zip <b>33634</b> Country <b>USA</b>

1st MOORE CR2E034 (10/05)

4. FEI Number <b>26-0064217</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, JOSE' L 5408 FRIARSWAY DRIVE TAMPA FL 33624</b>	
7. Name and Address of New Registered Agent Name <b>José L. Rodriguez</b> Street Address (P.O. Box Number is Not Acceptable) <b>6145 Everlasting Place</b> City <b>Land O' Lakes</b> FL Zip Code <b>34639</b>	

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 *José L. Rodriguez* **José L. Rodriguez, President** 1/26/06  
(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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, JOSE' L 5408 FRIARSWAY DRIVE TAMPA FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, LILLIAN 5408 FRIARSWAY DRIVE TAMPA FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *José L. Rodriguez* **José L. Rodriguez, President** 1/26/06 (813) 322-9018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #