

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000044354

1. Entity Name
J.A.H. BOAT TRUCKING, INC.



Principal Place of Business
7537 SYCAMORE ST.
JACKSONVILLE, FL 32219

Mailing Address
7537 SYCAMORE ST.
JACKSONVILLE, FL 32219



DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0611175	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JACKSON, JAMES
7537 SYCAMORE ST.
JACKSONVILLE, FL 32219

**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	PVSD
NAME	JACKSON, JAMES
STREET ADDRESS	7537 SYCAMORE ST.
CITY- ST- ZIP	JACKSONVILLE, FL 32219

TITLE	TD
NAME	JACKSON, BERTHA
STREET ADDRESS	7537 SYCAMORE ST.
CITY- ST- ZIP	JACKSONVILLE, FL 32219

TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY- ST- ZIP	

1100000526689
05/04/06-80085-004 150.00

**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: James A. Jackson **JAMES A. JACKSON** 4-20-06 904-764-4350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #