

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90021 037 ***150.00

DOCUMENT # P03000054548

1. Entity Name

JO-LAW TRUCKING, INC.



Principal Place of Business

204 ROSEWOOD DR.
COCOA FL 32926

Mailing Address

204 ROSEWOOD DR.
COCOA FL 32926



2. Principal Place of Business - No P.O. Box #

1410 Huntington LA.

3. Mailing Address

Suite, Apt. #, etc.

#1502

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

Rockledge FL.

City & State

4. FEI Number 65-1189244

Applied For
Not Applicable

Zip 32955

Country BEARHUP

Zip

Country

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

6. Name and Address of Current Registered Agent

HANNON, LAWRENCE
1410 HUNTINGTON CA APT 1502
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 file if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME HANNON, LAWRENCE
STREET ADDRESS 204 ROSEWOOD DR.
CITY-ST-ZIP COCOA FL 32926 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Lawrence F. Hannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-07

321-626-7782

ATTACHMENT

40120814

P03 060054548



a note from:

Lawrence Hannon

Never Received
This Bill & AS A
Result, it never
got paid. Have
changed Mailing
Address AGAIN &
am enclosing check
for \$150.00.

Lawrence Hannon

