

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90548 022 ***150.00

DOCUMENT # P03000102487		
1. Entity Name JERRY TAMM TRUCKING, INC.		

Principal Place of Business 690 4TH PLACE VERO BEACH, FL 32962	Mailing Address 690 4TH PLACE VERO BEACH, FL 32962
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2. Principal Place of Business 1492 Shinn Rd	3. Mailing Address 1492 Shinn Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FORT PIERCE FL	City & State FORT PIERCE FL
Zip 34945	Zip 34945
Country ST. LUCIE	Country ST. LUCIE

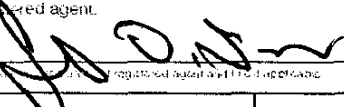
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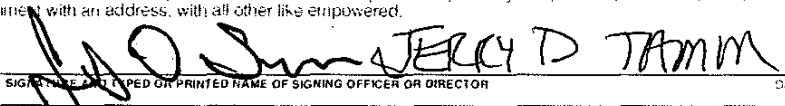
4. FEI Number 90-0125375	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TAMM, JERRY D 690 4TH PLACE VERO BEACH, FL 32962	7. Name and Address of New Registered Agent Name 1492 Shinn Road Street Address (P.O. Box Number is Not Allowed) FORT PIERCE FL 34945
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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 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TAMM, JERRY D 690 4TH PLACE VERO BEACH, FL 32962 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D.P.V.P.S.T JERRY D. TAMM 1492 Shinn Road FORT PIERCE, FL 34945 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	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 exemption stated in Section 119.07(3)(i), 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: 	DATE