

2005 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED ^{ATX1}
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000115516
1. Entity Name
DJM TRUCKING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1012 CHAPEL AVE
Suite, Apt. #, etc.

3. Mailing Address
1012 CHAPEL AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LEHIGH ACRES, FL

City & State
LEHIGH ACRES, FL

4. FEI Number
32-0097207

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
THOMAS, DEVON

Street Address (P.O. Box Number is Not Acceptable)
1012 CHAPEL AVE

City
LEHIGH ACRES

FL

Zip Code
33971

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 DEVON THOMAS, PRRESIDENT 4/12/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, DEVON 1012 CHAPEL AVE LEHIGH ACRES, FL. 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, TOBAR 1012 CHAPEL AVE LEHIGH ACRES, FL. 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1107000330142 04/25/05-80148-013 1501.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Devon Thomas DEVON THOMAS, PRESIDENT 4/12/2005 239-2921336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #