

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90100 027 \*\*\*150.00

**DOCUMENT # P03000115516**

1. Entity Name  
**DJM TRUCKING, INC.**



Principal Place of Business  
**212 JAYVIEW AVE  
LEHIGH ACRES, FL 33936**

Mailing Address  
**PO BOX 2014  
LEHIGH ACRES, FL 33970**



2. Principal Place of Business  
**1012 Chapel Ave.**

3. Mailing Address  
**1012 Chapel Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022006 Chg-P CR2E034 (11/05)

City & State  
**Lehigh Acres, Fl**

City & State  
**Lehigh Acres, Fl**

4. FEI Number  
**32-0097207**

Applied For  
Not Applicable

Zip  
**33971**

Country  
**US**

Zip  
**33971**

Country  
**US**

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

## 6. Name and Address of Current Registered Agent

**THOMAS, DEVON  
212 JAYVIEW AVE  
LEHIGH ACRES, FL 33936**

## 7. Name and Address of New Registered Agent

Name  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

**4-4-06**

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P THOMAS, DEVON 212 JAYVIEW AVENUE LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP THOMAS, ICYLIN 212 JAYVIEW AVENUE LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVP THOMAS, TOBAR 212 JAYVIEW AVENUE LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVP THOMAS, MATTHEW 212 JAYVIEW AVENUE LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1012 Chapel Ave Lehigh Acres, Fl. 33971</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **Devon Thomas** President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-4-06**

DATE

**239-292-1336**

DAYTIME PHONE #