

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90001 030 ***550.00

DOCUMENT # P03000136245

1. Entity Name
B & J TRUCKING AND TRANSPORTATION, INC.



Principal Place of Business
**108 HOLLAND AVE
TEMPLE TERRACE, FL 33617**

Mailing Address
**108 HOLLAND AVE
TEMPLE TERRACE, FL 33617**

50022871



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07122006

Chg-P

CR2E034 (11/05)

4. FEI Number
27-0071126

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DECKANT, ROBERT M
108 HOLLAND AVE
TEMPLE TERRACE, FL 33617**

Name **SHAFFER, JOHN B**

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

10014 HARNEY RD.

City **THONOTOSASSA**

FL

Zip Code
33592

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

John B. Shaffer
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/18/06
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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 **D** ☒ Delete
NAME **DECKANT, ROBERT M**
STREET ADDRESS **108 HOLLAND AVE**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617** *(deceased)*

TITLE **D** ☐ Change ☒ Addition
NAME **DECKANT, BARBARA**
STREET ADDRESS **108 HOLLAND AVE.**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

TITLE **D** ☐ Delete
NAME **SHAFFER, JOHN B**
STREET ADDRESS **10014 HARNEY ROAD**
CITY-ST-ZIP **THONOTOSASSA, FL 33592**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

John B. Shaffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/06
Date

813-817-2987
Daytime Phone #