

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2005 8:00 am
Secretary of State

04-25-2005 90235 017 ***150.00

DOCUMENT # P03000138966					
1. Entity Name JACKSON TRUCKING INC.					
Principal Place of Business 6331 SE 55 ST GAINESVILLE FL 32608			Mailing Address 6331 SE 55 ST GAINESVILLE FL 32608		
2. Principal Place of Business 6331 SW 55th ST			3. Mailing Address 6331 SW 55th ST		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Gainesville FL		City & State Gainesville FL		4. FEI Number 59-3260318	
Zip 32608		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, BARBARA J 6331 SE 55 ST GAINESVILLE FL 32608				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: <u><i>Barbara J. Williams</i></u> (NOTE: Registered Agent signature required when registering) DATE: <u>4/2/05</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D			TITLE	
NAME	WILLIAMS, BARBARA J	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	6331 SE 55 ST			STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <u><i>Barbara J. Williams</i></u>				Date: <u>4/2/05</u> 352 336-4324	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	