

PO3000141020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

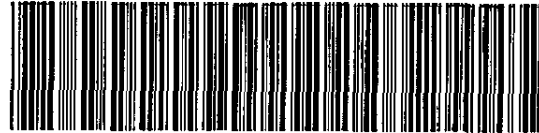
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

RA/RO/chg  
@ 9.27.05



300058519333

003010-0101-055 \*\*22.00

FILED  
05 SEP 26 AM 10:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Johnny's Loader Service, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** P03000141020

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura L. Watkins  
(Name of contact person)

Johnny's Loader Service, Inc.  
(Firm/Company)

425 Lakeshore Dr.  
(Address)

Immokalee, FL 34142  
(City/state and zip code)

For further information concerning this matter, please call:

Laura Watkins at (239) 707-8305  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 1, 2005

LAURA L. WATKINS  
JOHNNY'S LOADER SERVICE, INC.  
425 LAKESHORE DR.  
IMMOKALEE, FL 34142

SUBJECT: JOHNNY'S LOADER SERVICE, INC.  
Ref. Number: P03000141020

We have received your document for JOHNNY'S LOADER SERVICE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 505A00055105

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Johnny's Loader Service, Inc.  
2. The principal office address: 425 Lakeshore Dr.  
Immokalee, FL 34142  
3. The mailing address (if different): Same

4. Date of incorporation/qualification: Nov. 25, 2003 Document number: P03000141020

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Nevada  
Legal Zoom, Inc.  
44 W. Flagler St. Suite 475  
Miami, FL 33130

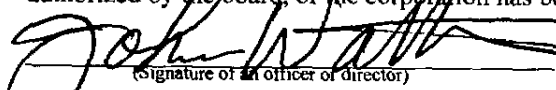
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Laura Watkins  
425 Lakeshore Dr.  
(P.O. Box NOT acceptable)  
Immokalee, FL 34142

FILED  
SEP 26 AM 10:00  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 John R. Watkins, President  
(Signature of an officer or director) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
(Signature of Registered Agent)

8-26-05  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314