

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

1. Entity Name  
**JAKE WOOD TRUCKING INC.**



Mailing Address, \_\_\_\_\_  
5100 PICKETT DR  
JACKSONVILLE, FL 32219

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
26-0075749

Applied For
Not Applicable

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

WOOD, JAKE  
5100 PICKETT DR  
JACKSONVILLE, FL 32219

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

TITLE	DP
NAME	WOOD, JAKE
STREET ADDRESS	5100 PICKETT DR
CITY-ST-ZIP	JACKSONVILLE, FL 32219

TITLE	DV
NAME	WOOD, AMANDA
STREET ADDRESS	5100 PICKETT DR
CITY-ST-ZIP	JACKSONVILLE, FL 32219

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UD0000290166  
04/06/05-80056-012 158.75

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #