FILED
Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90065 001 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000156721

1. Entity Name
JENKINS TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
~~3200 HARTLEY RD~~ 194 JACKSONVILLE, FL 32257 US	~~3200 HARTLEY RD~~ 194 JACKSONVILLE, FL 32257 US

04042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5220 CATOMA St	5220 CATOMA St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, Fl 3	City & State: JACKSONVILLE, Fl
Zip: 32210 Country: US	Zip: 32210 Country: U.S

4. FEI Number: - 200732711 ☐ 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
JENKINS, LARRY ~~3200 HARTLEY RD~~ 194 JACKSONVILLE, FL 32257 LARRY JENKINS 5220 CATOMA St JACKSONVILLE, Fl 32210	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JENKINS, LARRY ~~3200 HARTLEY RD #194~~ ~~JACKSONVILLE, FL 32257~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5220 CATOMA St JACKSONVILLE Fl 32210 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: - Larry M [signature] 4/5/05 1800 4560334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #