

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000025441

1. Entity Name
OWENS TRUCKING, INC



FILED

06 NOV 28 PM 4:28

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
2291 W. 10TH ST
JACKSONVILLE, FL 32209 US

Mailing Address
2291 W. 10TH ST
JACKSONVILLE, FL 32209 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 2006

4. FEI Number
59-2627409

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

OWENS, PATRICIA S
2291 W. 10TH ST
JACKSONVILLE, FL 32209

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11-7-2006

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME OWENS, WILLIE
STREET ADDRESS 2291 WEST 10TH ST
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE ☐ Change ☐ Addition
NAME 500082105235
STREET ADDRESS 11/28/06--01049--016 **8.75
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME OWENS, PATRICIA S
STREET ADDRESS 2291 WEST 10TH ST
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE ☐ Change ☐ Addition
NAME 500082105235
STREET ADDRESS 11/28/06--01049--017 **150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Signature, typed or printed name of signing officer or director

11-7-2006

Date Daytime Phone #

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Nov 17, 2006

To Whom it May Concern:

This yrs I did Not Receive, any big fee —
2006 no Card or letter on my Reinstatement

Thank you

Mrs Owens
(904) 483-7104