


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90053 016 ***150.00

DOCUMENT # P04000029406

1. Entity Name
J.R.P. TRUCKING INC



Principal Place of Business Mailing Address

**560 RING RD
 ORLANDO, FL 32811** **2631 BONAIR DRIVE
 ORLANDO, FL 32818**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1803 Manitoba Ct. **1803 Manitoba Ct.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Kissimmee Fl. **Kissimmee Fl.**

Zip Country Zip Country

34759 **Oceola** **34759** **Oceola**

40050000



04222007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-0739243 Not Applicable

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

6. Name and Address of Current Registered Agent

**PIQUION, JOSEPH R SR
 2631 BONAIR DRIVE
 ORLANDO, FL 32818**

7. Name and Address of New Registered Agent

Name **Piquion, Joseph**

Street Address (P.O. Box Number is Not Acceptable) **1803 Manitoba Ct.**

City **Kissimmee** FL Zip Code **34759**

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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PIQUION, JOSEPH R SR	
STREET ADDRESS	2631 BONAIR DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PIQUION, JOSEPH R SR	
STREET ADDRESS	2631 BONAIR DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Piquion Joseph R. Sr.	
STREET ADDRESS	1803 Manitoba Ct.	
CITY-ST-ZIP	Kissimmee Fl. 34759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Joseph R. Piquion** Date: **4/21/07** **863 852 8071**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Phone #