


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000068671 1. Entity Name P.A.J. TRUCKING OF ORLANDO, INC.		
Principal Place of Business 399 B ENTERPRISE DRIVE OCDEE, FL 34761 US		Mailing Address P.O. BOX 560391 MONTVERD, FL 34756
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JOHNSON, PEGGY A 14725 GOURD NECK DRIVE MONTVERDE, FL 34756		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	JOHNSON, PEGGY A	
STREET ADDRESS	14725 GOURD NECK DRIVE	
CITY-ST-ZIP	MONTVERDE, FL 34756	
TITLE	VP	
NAME	JOHNSON, ANGELA A	
STREET ADDRESS	1268 INDIAN BLUFF DRIVE	
CITY-ST-ZIP	APOPKA, FL 3	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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 employed.		
SIGNATURE: <u>Peggy Johnson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2-23-06</u> <small>Date</small> <small>Daytime Phone #</small>



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1036783	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	

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18/14/06-80038-005 150.00

**DO NOT WRITE
IN THIS SPACE**