2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

03-07-2005 90280 050 ***150.00

DOCUMENT # P04000069489

1. Entity Name
JPBL TRUCKING, INC.

66009001

Principal Place of Business	Mailing Address
~~249 TRADER RD~~ ~~LABELLE, FL 33975~~	~~249 TRADER RD~~ ~~LABELLE, FL 33975~~

2. Principal Place of Business	3. Mailing Address
2024 Polar Ave	PO Box 1611
Suite, Apt. #, etc. Alva FL	Suite, Apt. #, etc. LaBelle FL
City & State 33920	City & State 33975
Zip / Country	Zip / Country

02242005 Chg-P CR2E034 (10/03)

4. FEI Number 2013 87781 ☐ 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
JONES, REBECCA A ~~8600 HWY 27 N~~ ~~LABELLE, FL 33975~~	Name: same Street Address (P.O. Box Number is Not Acceptable): PO Box 1611 LaBelle FL 33975 2024 Polar Ave Alva FL 33920 - No Mail 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

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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCLAIN, JIM A 249 TRADER RD LABELLE, FL 33975 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONES, REBECCA A ~~8600 HWY 27 N~~ 2024 Polar Ave ~~LABELLE, FL 33975~~ Alva FL 33920 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Rebecca A Jones 3-1-05 863-673-0959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #