2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 08:00 AM
Secretary of State

DOCUMEN	T #	P04000	124123
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1. Entity Name

J & R EXPRESS HAULING, INC.



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Principal Place of Business

27830 67TH AVE E MYAKKA CITY, FL 34251 Mailing Address

27830 67TH AVE E MYAKKA CITY, FL 34251



DO NOT WRITE IN THIS SPACE

04282006 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1569052

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DORMAN, LORI M 601 12TH STREET W BRADENTON, FL 34205

DO NOT WRITE IN THIS SPACE

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8. The above the obligate	named entity submits this statement for the poons of registered agent.	urpose of changing its register	red office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title i	applicable (NOTE: Register	ed Agent signature	required when reinstating)	DATE	
FiLI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	1	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, JOHNNY M 27830 67TH AVE E MYAKKA CITY, FL 34251					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, RUTH M 27830 67TH AVE E MYAKKA CITY, FL 34251				U00000566761 06/05/06-80006-009 550.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ĎO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-S1-ZIP						
TITLE			1			

12. I nereby 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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kuth M. PARKEr

5-30-06

941.737-725