

**2007 FOR PROFIT CORPORATION .  
ANNUAL REPORT**

**FILED  
Apr 23, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P04000126766</b> 1. Entity Name K.C. JONES TRANSPORTATION INC.	
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Principal Place of Business 8930 STATE ROAD 84 #161 DAVIE, FL 33024	Mailing Address 8930 STATE ROAD 84 #161 DAVIE, FL 33024
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**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0198616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HYMAN, BRAD  
8930 STATE ROAD 84 #161  
DAVIE, FL 33024

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D HYMAN, BRAD 8930 STATE ROAD 84 #161 DAVIE, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000726333  
05/04/07-80003-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:  4/18/07 954-639-4830  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #