

2005 FOR PROFIT CORPORATION ANNUAL REPORT

3/ **FILED**
Apr 19, 2005 8:00 am
Secretary of State

03-18-2005 90051 039 ***150.00

DOCUMENT # P04000138236 1. Entity Name JT HEAVY TRUCK & DETAILING, INC.																													
Principal Place of Business 5959 E. BROADWAY AVENUE TAMPA, FL 33619 US			Mailing Address 5959 E. BROADWAY AVENUE TAMPA, FL 33619 US																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
4. FEI Number 80-1737814				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GUTIERREZ, JEANETTE 5959 E. BROADWAY AVENUE TAMPA, FL 33619			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PRES</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GUTIERREZ, JEANETTE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5959 E. BROADWAY AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TAMPA, FL 33619</td> <td></td> </tr> </table>			TITLE	PRES	<input type="checkbox"/> Delete	NAME	GUTIERREZ, JEANETTE		STREET ADDRESS	5959 E. BROADWAY AVENUE		CITY - ST - ZIP	TAMPA, FL 33619		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <i>Jeannette Gutierrez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1-25-05 <small>Date Daytime Phone #</small>																									