


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90089 043 ***150.00

DOCUMENT # P04000170935	
1. Entity Name JUSIC TRUCKING, INC.	

Principal Place of Business 11109 SYNDHAM HOLLOW LANE JACKSONVILLE, FL 32216	Mailing Address 11109 SYNDHAM HOLLOW LANE JACKSONVILLE, FL 32216
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2. Principal Place of Business - No P.O. Box # 11109 Wyndham Hollow Lane	3. Mailing Address 11109 Wyndham Hollow Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32246	Zip 32246
Country Duval	Country Duval



04062007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent JUSIC, RASIM 11109 SYNDHAM HOLLOW LANE JACKSONVILLE, FL 32216	
7. Name and Address of New Registered Agent Name Jusic, Rasim Street Address (P.O. Box Number is Not Acceptable) 11109 Wyndham Hollow Lane City Jacksonville FL Zip Code 32246	

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 **RASIM JUSIC** DATE **4/6/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST JUSIC, RASIM 11109 SYNDHAM HOLLOW LANE JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Jusic, Rasim 11109 Wyndham Hollow Lane Jacksonville, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **RASIM JUSIC** DATE **4/6/07** DAYTIME PHONE # **904-509-7746**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR