

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000006097

1. Entity Name

JAMES & JERRIE TRUCKING INC.



Principal Place of Business

955 W PIERCE STREET
LAKE ALFRED, FL 33850

Mailing Address

955 W PIERCE STREET
LAKE ALFRED, FL 33850



04092007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2212490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLER, JAMES L
955 W PIERCE STREET
LAKE ALFRED, FL 33850

**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

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, 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 PD
NAME COLER, JAMES L
STREET ADDRESS 955 W. PIERCE ST
CITY-ST-ZIP LAKE ALFRED, FL 33850

TITLE VPD
NAME COLER, JERRIE
STREET ADDRESS 955 W. PIERCE ST.
CITY-ST-ZIP LAKE ALFRED, FL 33850

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000711639

04/26/07-80016-019 150.00

**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 empowers.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James Lee Coler X 4-9-07 x8632063682