



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90141 037 \*\*\*158.75

<b>DOCUMENT # P05000010886</b> 1. Entity Name <b>DJ TRUCKING OF VOLUSIA, INC.</b>					
Principal Place of Business <b>160 N ROAD LAKE HELEN, FL 32744</b>				Mailing Address <b>PO BOX 398 LAKE HELEN, FL 32744</b>	
2. Principal Place of Business <b>1670 W PLYMOUTH AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 398</b> Suite, Apt. #, etc.			
City & State <b>DELAND FL</b>		City & State <b>LAKE HELEN FL</b>		4. FEI Number <b>75-3179705</b>	
Zip <b>32720</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JONES, DARLA 160 N ROAD LAKE HELEN, FL 32744</b>				7. Name and Address of New Registered Agent Name <b>DARLA JONES</b> Street Address (P.O. Box Number is Not Acceptable) <b>1670 W PLYMOUTH AVE</b> City <b>DELAND FL</b> Zip Code <b>32720</b>	
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 <u><i>Darla Jones</i></u> <b>Darlar Jones/Pres</b> <span style="float: right;">4-12-06</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>JONES, DARLA 160 N ROAD LAKE HELEN, FL 32744</b>	TITLE NAME NAME TITLE STREET ADDRESS CITY-ST-ZIP	<b>DARLA JONES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PRES./OWNER</b> <b>1670 W PLYMOUTH AVE</b> <b>DELAND FL 32720</b>		
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		
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		
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		
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		
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: <u><i>Darla Jones</i></u> <b>Darlar Jones Pres./owner</b> <span style="float: right;">4-12-06 3862901317</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					