



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90027 050 ***150.00

DOCUMENT # P05000010886 1. Entity Name DJ TRUCKING OF VOLUSIA, INC.																																	
Principal Place of Business 1670 W PLYMOUTH AVE DELAND, FL 32720			Mailing Address PO BOX 398 LAKE HELEN, FL 32744																														
2. Principal Place of Business - No P.O. Box # 571 LAKE PEARL DR Suite, Apt. #, etc. LAKE HELEN, FL City & State 32744 USA Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																															
02182008 Chg-P CR2E034 (12/06)				4. FEI Number 75-3179705																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																													
6. Name and Address of Current Registered Agent - JONES, DARLA 1670 W PLYMOUTH AE DELAND, FL 32720			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) DATE _____																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td>JONES, DARLA</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1670 W PLYMOUTH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELAND, FL 32720</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	JONES, DARLA	<input type="checkbox"/>	STREET ADDRESS	1670 W PLYMOUTH AVE		CITY-ST-ZIP	DELAND, FL 32720		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>NAME</td> <td>DARLA JONES</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>571 LAKE PEARL DR</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE HELEN FL 32744</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME	DARLA JONES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS	571 LAKE PEARL DR			CITY-ST-ZIP	LAKE HELEN FL 32744		
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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>Darla Jones</u>		2-18-08		386-290-1317																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #																													