2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

Divide Place of Business 3.09 2.3 ST W LEHIGH ACRES, FL 33971 2. Principal Place of Business Surio, Apr. #. etc. 2. Principal Place of Business Surio, Apr. #. etc. 3. Mailing Address Surio, Apr. #. etc. City & State City & FL Zip Code 8. The above named antity subtrest instruction to the purpose of changing its registered differs or registrated agent, or both, in the State of Royale, I am familiar with, and accept instructions or registrated agent, or both, in the State of Royale, I am familiar with, and accept instructions or registrated agent, or both, in the State of Royale, I am familiar with, and accept instructions or registrated agent, or both, in the State of Royale, I am familiar with, and accept instructions or registrated agent, or both, in the State of Royale, I am familiar with, and accept instructions or registrated agent, or both, in the State of Royale, I am familiar with, and accept instructions or registrated agent, or both, in th	DOCUMENT # P05000025239 1. Entity Name JEFF WELKER TRUCKING, INC.									05-02-2006	5 901 7 6 0	004 ***15	50.00
Suite, Apt. #, etc. Suite Apt. #, etc. Suite Apt. #, etc.	3209 23 ST SW				3209 23 ST SW					·, ·			
City & State Country City Country S. Certificate of Status Desired \$6.75 Additional Feature \$6.75 Additi	2. Principal Place of Business				3. Mailing Address								
Zip County Zip County S. Certificate of Status Desired \$8.75 Apadicinal research Name \$8.75 Apadicinal research Name \$8.75 Apadicinal research Name N	Suite, Apt. #, etc.			-	Suite, Apt. #, etc.				04242006	Chg-P	CR2E03	34 (11/05)	
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent Fig. Registered Agent T. Name and Address of New Registered Agent The Debt 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 FILE NOWILL FEE IS \$150,00 9. Election Campaign Financing Trust Fund Contribution Added to Fees TRUE NOWILL FEE IS \$150,00 OFFICERS AND DIRECTORS 9. Election Campaign Financing Trust Fund Contribution Added to Fees TRUE NOWE STREET ADDRESS CITY-S1-ZP TRUE MAKE STREET ADDRESS CITY-S1-ZP TRUE	City & State				City & State				4. FEI Number	11352	<i>68</i>	L	
Name Street Addross (P.O. Box Number is Not Acceptable)	Zip Country			Zip Count		ntry					\$8.75 Add	litional	
WELKER, JEFF A 3209 23 ST SW LEHIGH ACRES, FL 33971 City FL Zip Code	ļ	6. Name	and Address of	Current Regis	tered Agent				7. Name and A	ddress of New R	egistered A	gent	
Street Address (P.O. Box Number is Not Acceptable)	WEINED	IEEE ^					Name					<u> </u>	
B. 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, hyade or private name of impatered agent and title 4 applicable. (INCITE Registered Agent separative required when rendstang) OATE	3209 23 ST SW						Street Address (P.O. Box Number is Not Acceptable)						
In the obligations of registered agent. SIGNATURE STATURE STATURE STATUR							City				FL	Zip Code	
FILE NOW!! FEE IS \$190.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE D WELKER, JEFF A STREET ADDRESS S	8. The above the obligat	e named entity tions of registe	v submits this state ered agent.	ement for the p	ourpose of changing its	register	ed office or i	registere	ad agent, or both	in the State of Flo	orida. I am f	amiliar with,	and accept
After May 1, 2006 Fee will be \$55.00 Trust Fund Contribution.	SIGNATURE.	Sinceture burner											
TITLE		signature, typeu c	or printed name of regist	ered agent and title	if applicable. (NO)	E: Registere	ed Agent signatur	re required s	when reinstating)		DATE		
NAME STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES, FL 33971 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		E NOW!!!	FEE IS \$150	.00	9. Election Campa	ign Finar	ncing _	\$5.6	00 мау Ве		DATE		
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received and the information supplies with this mind does not quality for the exemptions contained in Chapter F19, Honda Statutes. Further certify that the information indicated on this report or suppliemental 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

AT THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-29-06 1 410-8395