

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90287 048 ***158.75

DOCUMENT # P05000028400

1. Entity Name
J. E. B. TRUCKING INC.



Principal Place of Business
**7508 HIGH LAKE DR
ORLANDO, FL 32818**

Mailing Address
**7508 HIGH LAKE DR
ORLANDO, FL 32818**

60028040



2. Principal Place of Business J. E. B. Trucking Inc		3. Mailing Address J. E. B. Trucking Inc	
Suite, Apt. #, etc. 7508 High Lake Dr.		Suite, Apt. #, etc. 7508 High Lake Dr.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32818	Country Orange	Zip 32818	Country Orange

03082006 Chg-P CR2E034 (11/05)

4. FEI Number 37-1498008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRECONIDGE, JOSEPH 820 RENAISSANCE POINTE BV #304 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Breconidge, Joseph 820 Renaissance Pointe Blvd #304 Altamonte Springs FL 32714	
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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: *Joseph Breconidge* (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRECONIDGE, EMONIRO			NAME			
STREET ADDRESS	% 7508 HIGH LAKE DR			STREET ADDRESS			
CITY - ST - ZIP	ORLANDO, FL 32818			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRECONIDGE, JOSEPH			NAME			
STREET ADDRESS	% 7508 HIGH LAKE DR			STREET ADDRESS			
CITY - ST - ZIP	ORLANDO, FL 32818			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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: *Emmonio Breconidge* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____