

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-02-2006 90045 043 ***150.00

DOCUMENT # P05000042127 1. Entity Name JSM TRUCKING INC																																											
Principal Place of Business 439 REGAL DOWN CIRCLE WINTER GARDEN, FL 34787 US		Mailing Address 439 REGAL DOWN CIRCLE WINTER GARDEN, FL 34787 US																																									
2. Principal Place of Business 147 TIMBERCREEK PINES CIR		3. Mailing Address 147 TIMBERCREEK PINES CIR																																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																									
City & State WINTER GARDEN, FL		City & State WINTER GARDEN, FL																																									
Zip 34787-2662		Zip 34787-2662																																									
Country ORANGE		Country ORANGE																																									
4. FEI Number 20-2539844		Applied For <input type="checkbox"/> Not Applicable																																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																									
6. Name and Address of Current Registered Agent JAINARINE, RICK 439 REGAL DOWN CIRCLE WINTER GARDEN, FL 34787		7. Name and Address of New Registered Agent Name BHARAT PEARAYLALL Street Address (P.O. Box Number is Not Acceptable) 147 TIMBERCREEK PINES CIRCLE City WINTER GARDEN FL Zip Code 34787																																									
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 <i>Bharat Pearayall</i> BHARAT PEARAYLALL 1-30-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P JAINARINE, RICK 439 REGAL DOWN CIRCLE WINTER GARDEN, FL 34787 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAINARINE, RICK 439 REGAL DOWN CIRCLE WINTER GARDEN, FL 34787		<input checked="" type="checkbox"/> Delete																	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P.T.S. BHARAT PEARAYLALL 147 TIMBERCREEK PINES CIRCLE WINTER GARDEN, FL 34787 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T.S. BHARAT PEARAYLALL 147 TIMBERCREEK PINES CIRCLE WINTER GARDEN, FL 34787		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																
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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: <i>Bharat Pearayall</i> 1-30-06 H07656-6487 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																											