

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90046 047 ***150.00

| | | | | | |
|---|---|---|---|--|--|
| DOCUMENT # P05000089609 | | | | | |
| 1. Entity Name JET SET TRUCKING, CORP. | | | | | |
| Principal Place of Business 211 MEDINA CIR DAVENPORT, FL 33837 | | | Mailing Address 211 MEDINA CIR DAVENPORT, FL 33837 | | |
| 2. Principal Place of Business 211 Medina Cir | | 3. Mailing Address 211 Medina Cir | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Davenport, FL | | City & State Davenport FL | | 4. FEI Number 20-2965288 | |
| Zip 33837 | | Country FL/K | | Applied For Not Applicable | |
| Zip 33837 | | Country FL/K | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SOLIS, ERICKA 211 MEDINA CIR DAVENPORT, FL 33837 | | | 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) | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE PD | <input type="checkbox"/> Delete | | | | |
| NAME VEGA, NEHEMIAS | 211 MEDINA CIR | | | | |
| STREET ADDRESS 211 MEDINA CIR | DAVENPORT, FL 33837 | | | | |
| CITY-ST-ZIP | DAVENPORT, FL 33837 | | | | |
| TITLE VPD | <input type="checkbox"/> Delete | | | | |
| NAME SOLIS, ERICKA | 211 MEDINA CIR | | | | |
| STREET ADDRESS 211 MEDINA CIR | DAVENPORT, FL 33837 | | | | |
| CITY-ST-ZIP | DAVENPORT, FL 33837 | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | |
| STREET ADDRESS | 211 MEDINA CIR | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| 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: _____ | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date 01/27/06 Daytime Phone # (34-284-5373) | | | | | |