

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000094513

1. Entity Name
JB AND TD TRUCKING, INC.



FILED

07 JAN 31 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7615 INDIAN LAKE DR.
#3
JACKSONVILLE, FL 32210

Mailing Address
7615 INDIAN LAKE DR.
#3
JACKSONVILLE, FL 32210

2. Principal Place of Business - No P.O. Box #
JB & TD - Trucking Inc

3. Mailing Address
6131 Killyside TRl

Suite, Apt. #, etc.

City & State
Jacksonville FLA

City & State
Jacksonville FLA

Zip
32244

Country
DUAL

Zip
32244

Country
DUAL



01312007 Chg-P CR2E034 (12/06)

4. FEI Number
86-1138578

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JAMES, JAMES M
7615 INDIAN LAKE DR.
#3
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent
Name
James M. Sheffield

Street Address (P.O. Box Number is Not Acceptable)
6131 Killyside TRl

City
Jacksonville

FL

Zip Code
32244

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
James M. Sheffield

(NOTE: Registered Agent signature required when reinstating)

1-31-2007

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

000088713940
02/19/07--01028--023 **150.00

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SHEFFIELD, JAMES M	
STREET ADDRESS	7615 INDIAN LAKE DR. #3	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
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		
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	6131 Killyside TRl	
STREET ADDRESS	JACKSONVILLE, FLA 32244	
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		
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: James M. Sheffield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #