2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State 02-23-2006 90019 017 ***150.00

DOOLINENT # DOCODO146110	

J & S TRU	JCKING	OF NAPLES, IN	IC.								
Principal Place	e of Busines	3	Ма	iting Address		<u> </u>	1				
16015 ARBO	ir view boi	ULEVARD		5015 ARBOR VIEW BO	DULEVA	RD ·					
#215 Naples, Fl	34110	us 		215 VPLES, FL 34110	US	•					TATO DATO
2. Principal Pl	lace of Busin	ness	3. N	Mailing Address							
Suite, Apl.	#, etc.		8	Suita, Apt. #, etc.			02122006	Chg-P	CR2E	034 (11/05))
City & State	8			City & State			4. FEI Numb	708840	0	— ———	pplied For lot Applicable
Zip		Country	Z	ip	Coun	try		of Status Desired		\$8.75 Ad	iditional
	6. Name	and Address of Curi	 ent Regist	ered Agent		<u> </u>	7. Name and	Address of New	Registered	<u>'</u> -	
-01-1/0057	-10005	A				Name			~ _ ~	=	
16015 ARBOR VIEW BOULEVARD #215				Street Address (P.O. Box Number is Not Acceptable)							
NAPLES, F	FL 34110					City				Zip Coc	10
The chouse	named entit	ty submits this stateme	ot for the n	roose of changing its	rocistor		ved agent or bo	th in the State of F	FL	- `	
		tered agent.	ik ioi die pi	ar pose or crainging its	rogisto.		a con again, or oc	or, proposition or r	юкор. 79		, end goods
SIGNATURE_	Signature, lycax	d or privide name of registered i	igent and tole if	applicative (NOT)	E Regularo	d Agent eigneure require	id when reinstating)		DATE		
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$5	50.00	9. Election Campa Trust Fund Cont			i,00 May 8e ded to Fees				-
10.		OFFICERS /	ND DIREC		11.		ADDITIONS	CHANGES TO OF	FICERS AND		
TITLE	P Delete m				ľ				Change	☐ Addition	
STREET ADDRESS	16015 ARBOR VIEW BOULEVARD, #215 ST					ET ADDRESS					
CITY-SI-ZIP	NAPLES,	FL 34110		C) Delete	CITY	-ST-ZIP	_···			☐ Change	☐ Addition
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STREET ADORESS CITY-ST-ZIP						ET ADDRESS -S1-ZIP					İ
IIITE				☐ Detete	ILL T					☐ Change	Addition
NAME STREET ADDRESS	1				NAM	E Et address					
CITY-ST-ZIP					4 -	-ST-ZIP					
MILE				☐ Delete	пп		-			Change	Addition
NAME STREET ADDRESS	[STRE	ET ADORESS					
CITY-ST-ZIP					CETTY	-\$1-ZIP					
TITLE NAME				☐ Delete	TITL NAME	I				Change	☐ Addition
STREET ADDRESS						ET ADDRESS					
CITY-SI-20P	<u> </u>				-	-SI-ZIP					
TIFLE NAME				☐ Delete	LITTLE NAME	1				☐ Change	Addition
STREET ADDRESS					SIRE	ET ADDRESS					}
CITY-ST-ZIP	<u> </u>					-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 contribute 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 eath; 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 withyan address, withyall other like empowered.											

A SECTION

02/18/06 (239)2897433