


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90228 019 ***150.00

DOCUMENT # P06000020624

1. Entity Name
~~A & J TRUCKS INC~~
Coast to Coast Interstate Inc



40084408

Principal Place of Business Mailing Address
~~1126 NW 14TH TERRACE~~ ~~1126 NW 14TH TERRACE~~
~~CAPE CORAL, FL 33993~~ ~~CAPE CORAL, FL 33993~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1136 SW 13th Street *1136 SW 13th Street*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Cape Coral FL *Cape Coral FL*
 Zip Country Zip Country
33991 USA *33991 USA*



01312007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-4333530 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

LEMOS, ANA G
~~1126 NW 14TH TERRACE-~~
~~CAPE CORAL, FL 33993-~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
1136 SW 13th Street

City *Cape Coral* FL Zip Code *33991*

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEMOS, ANA G 1126 NW 14TH TERRACE CAPE CORAL, FL 33993 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1136 SW 13th Street</i> <i>CAPE CORAL FL 33991</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>VP</i> <i>Hilda Perez</i> <i>1006 NW 8th Terrace</i> <i>Cape Coral FL 33993</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 lines empowered.

SIGNATURE: *[Signature]* 01/31/07 (239) 770-3372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #