2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000033626

1. Entity Name



FILED Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90181 027 ***150.00

NORTH PORT FL NORTH PORT FL NORTH PORT FL O2-052-7209 Not Application of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required	KED & R.	JD TRUCKING, INC.						
Suite, Apt. #, etc. Suite, Ap	6858 ABELS	SON AVE	6858 ABELSON AVE	US			A LINEAR DAYLIN BULLIN STEEM BUL	13 8 B i 61 L or i
NORTH PORT FL NORTH PORT FL O2-052-7209 Not Application of Status Desired	6858	ABELSON AVE	6858 ABELSO	ON AVE		···· •• • • • • • • • • • • • • • • • •		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or point, in the State of Florida. I am familiar with, and a the obligations of registered agent, or point, in the State of Florida. I am familiar with, and a the obligations of registered agent, or point, in the State of Florida. I am familiar with, and a the obligations of registered agent, or point, in the State of Florida. I am familiar with, and a the obligations of registered agent, or point, in the State of Florida. I am familiar with, and a the obligations of registered agent, or point, in the State of Florida. I am familiar with, and a fine of registered agent and time 1 applicable. Signature. Signa	City & Stat	PORT FL	City & State NORTH PORT	FL	4. FEI Number 02-052	7209		plied For
DESHAIES, KAREN 6858 ABELSON AVE NORTH PORT, FL 34286 City 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 a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title 4 application. (NOTE Registered Agent signature required when renatating) PILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. DESHAIES, KAREN SIREET ADDRESS CITY-ST-ZIP NORTH PORT, FL 34286	Zip	186 Country U.S.A	34286		5. Certificate of Stat	tus Desired	Fee Required	
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 a the obligations of registered agent. Signature Signature Signature Signature Now!!! FEE IS \$150.00 After May 1;:2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. TITLE NAME DESHAIES, KAREN OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17 TITLE NAME DESHAIES, KAREN ONORTH PORT, FL 34286 CITY-ST-ZIP NORTH PORT, FL 34286		6. Name and Address of Current F	Registered Agent	Name	7. Name and Addre	ss of New Registe	ered Agent	
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 a the obligations of registered agent. SIGNATURE Significe, typed or printed name of registered agent and little 1 applicable. (NOTE Registered Agent signature required when renstating) DATE FILE NOWI!! FEE IS \$150.00 After May 1;:2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: TITLE P/D DESHAIES, KAREN SIREET ADDRESS CITY-ST-ZIP NORTH PORT, FL 34286 CITY-ST-ZIP CITY-ST-ZIP NORTH PORT, FL 34286 CITY-ST-ZIP	6858 ABEI	LSON AVE						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. Signature Signature Signature, special or punied name of registered agent and lite if applicable. (NOTE Registered Agent signature required when rematating) DATE FILE NOWIJI FEE IS \$150.00 After May 1;:2907 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: NAME DESHAIES, KAREN STREET ADDRESS 6858 ABELSON AVE NORTH PORT, FL 34286 CITY-ST-ZIP NORTH PORT, FL 34286	NOINIII V	OK1,12 34200						
the obligations of registered agent. SIGNATURE Supraţute, typed or printed name of registered agent and title (1 applicable). (NOTE: Registered Agent signature required when reinstatrig). DATE FILE NOW!!! FEE IS \$150.00 After May 1,:2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: ITILE P/D DESHAIES, KAREN OBESHAIES, KAREN 6858 ABELSON AVE NORTH PORT, FL 34286 CITY-ST-ZIP NAME DESHAIES, KAREN 6858 ABELSON AVE STREET ADDRESS CITY-ST-ZIP NORTH PORT, FL 34286		À		City			FL Zip Code	ė
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TITLE T/S Delete TITLE NAME DESHAIES, KAREN STREET ADDRESS CITY-ST-ZIP TITLE Change A Chan	NAME STREET ADDRESS	DESHAIES, KAREN 6858 ABELSON AVE	□ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition
	NAME STREET ADDRESS	T/S DESHAIES, KAREN 6858 ABELSON AVE	☐ Delete	NAME STREET ADDRESS			☐ Change	Addition :
NAME DESHAIES, ROBERT NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS	VP DESHAIES, ROBERT 6858 ABELSON AVE	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
NAME STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS	NORTH PORT, FL 34200	□ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP	TITLE NAME STREET ADDRESS		C) Delate	TITLE NAME STREET ADDRESS	,		☐ Change	☐ Addition
	TITLE NAME STREET ADDRESS CITY-SI-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	☐ Addition

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 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: