

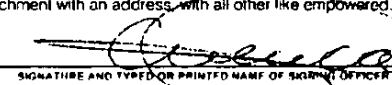


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90016 004 \*\*\*150.00

<b>DOCUMENT # P06000051139</b> 1. Entity Name <b>KRJ TRUCKING INC.</b>																													
Principal Place of Business <b>480 SW MARIGOLD PLACE FORT WHITE, FL 32038</b>			Mailing Address <b>480 SW MARIGOLD PLACE FORT WHITE, FL 32038</b>																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent  <b>CUENCA, CARMEN 101 NW 75TH ST. SUITE 2 GAINESVILLE, FL 32607</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																										
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.			4. FEI Number <b>20-4664246</b>																										
SIGNATURE 			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>ASCENCIO, ROBERTO</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>480 SW MARIGOLD PLACE FORT WHITE, FL 32038</td> <td></td> </tr> </table>			TITLE	P	NAME	Delete	STREET ADDRESS		ASCENCIO, ROBERTO		CITY - ST - ZIP		480 SW MARIGOLD PLACE FORT WHITE, FL 32038		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Change	Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: X 																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													

00010100



02202007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-4664246**

Applied For  
Not Applicable

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

FL Zip Code

2/20/07

(NOTE: Registered Agent signature required when reissuing)

DATE

Daytime Phone

Date

331-7841