2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000059092

City-St-Zip:

Entity Name: JK TRANSPORT EXPRESS, INC

FILED Jan 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6156 MAPLEWOOD DRIVE NEW PORT RICHEY, FL 34653 US **Current Mailing Address: New Mailing Address:** 6156 MAPLEWOOD DRIVE NEW PORT RICHEY, FL 34653 US FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAFONTE, RICHARD J 13191 STARKEY ROAD **UNIT 11** LARGO, FL 33773 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition KATCHMER, GERALD N JR Name: Name: STEHLIN, KARL J 6156 MAPLEWOOD DRIVE 12953 FARMINGTON TRAILS Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34653 US City-St-Zip: SEMINOLE, FL 33776 US Title: () Delete Title: VΡ () Change (X) Addition Name: Name: KATCHMEN, MONIQUE 6156 MAPLEWOOD DRIVE Address: Address: NEW PORT RICHEY, FL 34653 City-St-Zip: City-St-Zip: () Change (X) Addition Title: () Delete Title: STEHLIN, CINDY Name: Name: 12953 FARMINGTON TRAILS Address Address: City-St-Zip: City-St-Zip: SEMINOLE, FL 33776 Title: () Delete Title: VΡ () Change (X) Addition BELKOVA, LILIA Name: Name: Address: Address: 6156 MAPLEWOOD DRIVE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

NEW PORT RICHEY, FL 34653

SIGNATURE: BENJAMIN HILLARD, AGENT/ATTORNEY AGEN 01/29/2007