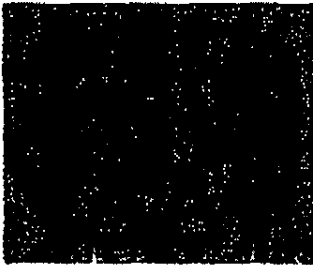


Newer TRK⁴ 2989 2-8-11

Internal Revenue Service
Facsimile Cover Sheet



TO: <

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

To WANDA HAYTER	From ID# 0244837547
Phone number 904-766-8571	Phone number
Fax number 904-766-8585	Date 2/7/2011
Stop/room number	Number of Pages 1 (including cover sheet)

Comments

MS HAYTER,

We have made the requested correction to the C & J Trucking Inc. We appologize for any inconvenience.

Please Add my Federal ID[#]
to my Sunbiz online.

P110000 11310

WARNING: Most FAX machines produce copies on thermal paper. The image produced is highly unstable and will deteriorate significantly in a few years. It should be copied on a plain paper copier prior to filing as a record.

Charles H. Vaughn

Department of the Treasury - Internal Revenue Service

Thank you.

2-8-11

x Charles H. Vaughn



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2-7-11

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No Events No Name History **Att: Mr. Staud** Submit

Detail by Entity Name

Florida Profit Corporation

C & J TRUCKING, INC.

← Correct Entity (NOT C and J)

Filing Information

Document Number P11000011310
FEI/EIN Number ~~NONE~~
Date Filed 02/01/2011
State FL
Status ACTIVE

59-3298333

Principal Address

6704 LOTUS ROAD SOUTH
JACKSONVILLE FL 32211

fax 859/669-7167

Mailing Address

6704 LOTUS ROAD SOUTH
JACKSONVILLE FL 32211

Registered Agent Name & Address

VAUGHN, JUDITH L
6704 LOTUS ROAD SOUTH
JACKSONVILLE FL 32211

Charles H Vaughn
cell 904/607-3982

Officer/Director Detail

Name & Address

Title PD
VAUGHN, CHARLES H
6704 LOTUS ROAD SOUTH
JACKSONVILLE FL 32211

Wanda Hayter
904/766-8571 wk
766-8585 fax

Title VSTD

VAUGHN, JUDITH L
6704 LOTUS ROAD SOUTH
JACKSONVILLE FL 32211

whayter@centurionautologistics.com

Annual Reports

No Annual Reports Filed

Document Images

02/01/2011 -- Domestic Profit [View image in PDF format](#)

Please Correct Name on IRS System.

Note: This is not official record. See documents if question or conflict.

Previous on List Next on List Return To List Entity Name Search

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Thank You!
Charles H. Vaughn

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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[No Events](#) [No Name History](#)

[Document # Search](#)

Detail by Document Number

Florida Profit Corporation

C & J TRUCKING, INC.

Filing Information

Document Number P11000011310

FEI/EIN Number NONE

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6704 LOTUS ROAD SOUTH
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JACKSONVILLE FL 32211

Title VSTD

VAUGHN, JUDITH L
6704 LOTUS ROAD SOUTH
JACKSONVILLE FL 32211

Annual Reports

No Annual Reports Filed

Document Images

Heavy Highway Vehicle Use Tax Return
 For the period July 1, 2010, through June 30, 2011

Keep a copy of this return for your records.

OMB No. 1545-0143

▶ Attach both copies of Schedule 1 to this return.
 ▶ See the separate instructions.

Type or Print	Name C & J Trucking Inc	Employer identification number 59-3298333	FOR IRS USE ONLY
	Address (number, street, and room or suite no.) 6704 Lotus Rd S TRK# 2989 Vin# 1NP5DB9X34D810736		
	City, state, and ZIP code (For Canadian or Mexican address, see page 5 of the instructions.) Jacksonville, FL 32211		

T _____
 FF _____
 FP _____
 I _____
 T _____

Check if applicable:

- Address change
- Amended Return
 Check this box if reporting (a) additional tax from an increase in taxable gross vehicle weight or (b) suspended vehicles exceeding the mileage use limit. Do not check this box for any other reason.
- VIN Correction
 Check this box if you are correcting a vehicle identification number (VIN) listed on a previously filed Schedule 1 (Form 2290). Do not check this box for any other reason.
- Final Return
 Check this box if you no longer have taxable vehicles to report.

Part I Figuring the Tax

	Y	Y	Y	Y	M	M
1 Was the vehicle(s) reported on this return used on public highways during July 2010? If YES, enter 201007 in the boxes to the right. If NO, see the table on page 3 of the instructions . . . ▶	1	2	0	1	1	0
2 Tax. Enter the Total from Form 2290, page 2, column (4) ▶	2				229	17
3 Additional tax from increase in taxable gross weight. See page 5 of the instructions . . . ▶	3				-0-	
4 Total tax. Add lines 2 and 3 ▶	4				229	17
5 Credits. See page 5 of the instructions ▶	5				-0-	
6 Balance due. Subtract line 5 from line 4. This is the amount you owe. If payment through EFTPS, check here <input type="checkbox"/> ▶	6				229	17

Part II Statement in Support of Suspension (Complete the statements that apply. Attach additional sheets if needed.)

- 7 I declare that the vehicles listed in Part II of Schedule 1 are expected to be used on public highways (check the boxes that apply): 5,000 miles or less 7,500 miles or less for agricultural vehicles during the period July 1, 2010, through June 30, 2011, and are suspended from the tax. Complete and attach Schedule 1.
- 8a I declare that the vehicles listed as suspended on the Form 2290 filed for the period July 1, 2009, through June 30, 2010, were not subject to the tax for that period except for any vehicles listed on line 8b. Check this box if applicable. ▶
- b Vehicle identification numbers _____
- 9 I declare that vehicle identification numbers _____ were listed as suspended on the Form 2290 filed for the period July 1, 2009, through June 30, 2010. These vehicles were sold or transferred to _____ on _____ At the time of the transfer, the vehicles were still eligible for the suspension of the tax. Attach a separate list if needed.

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No

Designee's name ▶ **Wanda Hayter** Phone no. **904 766-8571** Personal identification number (PIN) ▶ **322118**

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature ▶ *Charles H Vaughn* Date **2-8-11**
 Type or print name below signature. **Charles H Vaughn** Telephone number **904/607-3982**

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____
 Firm's name (or yours if self-employed), address, and ZIP code ▶ _____ EIN _____
 Phone no. _____