-2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2006 08:00 AM Secretary of State **DOCUMENT # P93000055618** JOHNSON & SON TRUCKING, INC. Principal Place of Business Mailing Address 2175 20TH AVENUE S.W. 2175 20TH AVENUE S.W. LARGO, FL 33774 US LARGO, FL 33774 US CR2E034 (11/05) 01132006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3165199 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSON, RONALD W DO NOT WRITE 2175 20TH AVE, S.W. LARGO, FL 33774 IN THIS SPACE 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE JOHNSON, RONALD W NAME" 2175 20TH AVE, S.W. STREET AODRESS CITY-ST-ZIP LARGO, FL 33774 100000392366 TITLE 51, 24/06 800/9-810 150.80 STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this lifting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatic 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WHO WE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY ST-ZIP

1-17-06 727-

FILED

Daytime Phone #