


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000066941 1. Entity Name J & S MOBILE DIESEL SERVICE, INC.	
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Principal Place of Business 503 FISH HATCHERY ROAD LAKELAND, FL 33801 US	Mailing Address 503 FISH HATCHERY ROAD LAKELAND, FL 33801 US
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3331998	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINNETT, SAMMIE J.
1638 N. COMBEE ROAD
LAKELAND, FL 33801

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when renaming) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTTS, JAMES E JR. 2502 GEORGE WHEELER RD. LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KINNETT, SAMMIE J. 1638 N. COMBEE ROAD LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUTTS, KAREN L. 2502 GEORGE WHEELER ROAD LAKELAND, FL 3809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KINNETT, LESA 1638 N. COMBEE ROAD LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/17/07-80088-003 150.00

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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: Lesia G. Kinnett 1/17/07 863-667-2684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #