

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000067570

Entity Name: S J C TRUCKING, INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

2950 BURLINGTON AVENUE
DELTONA, FL 32738

New Principal Place of Business:

2950 BURLINGTON AVENUE
DELTONA, FL 32738 US

Current Mailing Address:

2950 BURLINGTON AVENUE
DELTONA, FL 32738

New Mailing Address:

2950 BURLINGTON AVENUE
DELTONA, FL 32738 US

FEI Number: 59-3336757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARE, SCOTT
2950 BURLINGTON AVE.
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

CARE, SCOTT J
2950 BURLINGTON AVE.
DELTONA, FL 32738 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: SCOTT J. CARE

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: CARE, SCOTT
Address: 2950 BURLINGTON AVENUE
City-St-Zip: DELTONA, FL

Title: ST () Delete
Name: CARE, SANDRA
Address: 2950 BURLINGTON AVENUE
City-St-Zip: DELTONA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVP (X) Change () Addition
Name: CARE, SCOTT J
Address: 2950 BURLINGTON AVENUE
City-St-Zip: DELTONA, FL 32738 US

Title: ST (X) Change () Addition
Name: CARE, SANDRA L
Address: 2950 BURLINGTON AVENUE
City-St-Zip: DELTONA, FL 32738 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: SCOTT J. CARE

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

Date