


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000078823</b> 1. Entity Name J.J. TRUCKING, INC.	
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Principal Place of Business 76 NW 7TH AVENUE NEWBERRY, FL 32669	Mailing Address P.O. BOX 1475 NEWBERRY, FL 32669
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<b>DO NOT WRITE IN THIS SPACE</b>
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01232006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3415927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  WATSON, JAMES 76 NW 7TH AVENUE NEWBERRY, FL 32669
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE _____</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATSON, JAMES 25048 N.W. 7TH AVE NEWBERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WATSON, JUANITA 25048 N.W. 7TH AVE NEWBERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOPER, AMANDA 25048 NW 7TH AVE. NEWBERRY, FL 32669
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>100000403466 02/06/06-80008-007 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: <u>James Watson James Watson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1-24-06</u> Daytime Phone # <u>352-4724796</u>