

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000008570 1. Entity Name JENK'S TRUCKING CO.	
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Principal Place of Business 3615 DOUBLE BRANCH LANE ORANGE PARK, FL 32073	Mailing Address 3615 DOUBLE BRANCH LANE ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3571340	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MCLEAN, TOM
4503 IRVINGTON AVE. #6
JACKSONVILLE, FL 32210**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST JENKINS, GWENDOLYN J. 3615 DOUBLE BRANCH LANE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JENKINS, ROBERT 3615 DOUBLE BRANCH LANE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HIGGINS, SONDR 3615 DOUBLE BRANCH LANE ORANGE PARK, FL 32073
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IN THIS SPACE**

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04/27/05-80046-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Robert Jenkins* 4-25-05 904-772-6376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #