

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90546 009 ***150.00

DOCUMENT # P98000014368

1. Entity Name
B.W.J. TRUCKING, INC. OF ORLANDO



Principal Place of Business
**14725 GOURD NECK DRIVE
MONTVERDE, FL 34756 -US**

Mailing Address
**14725 GOURD NECK DRIVE
MONTVERDE, FL 34756 US**

14014892



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3490712

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JOHNSON, PEGGY
14725 GOURD NECK DRIVE
MONTVERDE, FL 34756**

**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 reinstating) DATE _____

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, BILLY W 14725 GOURD NECK DRIVE MONTVERDE, FL 34725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, PEGGY 14725 GOURD NECK DRIVE MONTVERDE, FL 34756
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 either like empowered.

SIGNATURE: Peggy Johnson 4-28-05 4076541910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #