

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-02-2005 90058 045 ***150.00

DOCUMENT # P98000040637

1. Entity Name

F & J TRUCKING, INC.



Principal Place of Business

18650 BROKEN ARROW ROAD
HILLIARD FL 32046

Mailing Address

18650 BROKEN ARROW ROAD
HILLIARD FL 32046

2. Principal Place of Business

18650 Broken Arrow Road

Suite, Apt. #, etc.

3. Mailing Address

18650 Broken Arrow Road

Suite, Apt. #, etc.

City & State

Hilliard FL

City & State

Hilliard FL

Zip

32046

Country

NASSAU

Zip

32046

Country

NASSAU

4. FEI Number

59-3570149

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAYDEN, FRANCIS M
18650 BROKEN ARROW ROAD
HILLIARD FL 32046

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LAYDEN, FRANCIS M
STREET ADDRESS 18650 BROKEN ARROW ROAD
CITY-ST-ZIP HILLIARD FL 32046

TITLE ST ☐ Delete
NAME LAYDEN, JUDY I
STREET ADDRESS 18650 BROKEN ARROW ROAD
CITY-ST-ZIP HILLIARD FL 32046

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Francis M. Layden
Francis M. Layden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-05

904-845-7029