2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State
02-21-2007 90027 032 ***150.00

DOCUMENT # P98000040637

1. Entity Name
F & J TRUCKING, INC.

Principal Place of Business	Mailing Address
18650 BROKEN ARROW ROAD HILLIARD FL 32046 US	18650 BROKEN ARROW ROAD HILLIARD FL 32046 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
18650 Broken Arrow Rd	18650 Broken Arrow Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hilliard Fl	City & State: Hilliard Fl
Zip: 32046 Country: Nassau	Zip: 32046 Country: Nassau

1st MOORE CR2E034 (10/06)

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: Francis m Layden
Street Address (P.O. Box Number is Not Acceptable): 18650 Broken Arrow Rd
City: Hilliard FL Zip Code: 32046

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: Francis m Layden — 2-10-07
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, 2007 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAYDEN, FRANCIS M 18650 BROKEN ARROW ROAD HILLIARD FL 32046	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LAYDEN, JUDY I 18650 BROKEN ARROW ROAD HILLIARD FL 32046	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Francis M Layden — 3-10-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #