

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90032 004 ***150.00

DOCUMENT # P98000097133

1. Entity Name

J.B. TRUCK SYSTEMS, INC.



Principal Place of Business

10931 CLAY PIT RD.
TAMPA FL 33610

Mailing Address

10931 CLAY PIT RD.
TAMPA FL 33610



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
22-3267263

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

VILLETA, NANCY
403-3 ROYALTY RUN PL.
BRANDON FL 33509-3894

7. Name and Address of New Registered Agent

Name **JUAN BALADEJO**

Street Address (P.O. Box Number is Not Acceptable)
10931 CLAY PIT RD

City **TAMPA**

FL **33610**

8. The above named entity certifies 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 of individual or printed name of registered agent, if applicable.

JUAN BALADEJO

(NOTE: Registered Agent signature required when re-registering)

1/29/08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 **VILLETA, NANCY**
STREET ADDRESS **10931 CLAY PT. RD.**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **JUAN BALADEJO** ☐ Change ☒ Addition
NAME **10931 CLAY PIT RD**
STREET ADDRESS **TAMPA FL 33610**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN BALADEJO 1/29/08 813-967-8519

Date

Daytime Phone #