

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000098320

Entity Name: JOHNNY DAVIS TRUCKING, INC.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7844 KNOLL DR.,NORTH  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

7844 KNOLL DR.,NORTH  
JACKSONVILLE, FL 32221

**New Mailing Address:**

7844 KNOLL DR. NORTH  
JACKSONVILLE, FL 32221

FEI Number: 59-3544407

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, JOHNNY  
7844 KNOLL DR.,NORTH  
JACKSONVILLE, FL 32221 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: DAVIS, JOHNNY  
Address: 7844 KNOLL DR.,NORTH  
City-St-Zip: JACKSONVILLE, FL 32221

Title: VPST  
Name: DAVIS, JOHNNY  
Address: 7844 KNOLL DR.,NORTH  
City-St-Zip: JACKSONVILLE, FL 32221

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHNNY DAVIS

DP

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date