

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/05)

4. FEI Number **59-3558543** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

<b>DOCUMENT # P99000019184</b>			
1. Entity Name <b>CASEY JONES TRUCKING, INC.</b>			
Principal Place of Business <b>3125 TOM MATTHEWS ROAD LAKELAND FL 33810</b>		Mailing Address <b>3125 TOM MATTHEWS ROAD LAKELAND FL 33810</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<b>BONNIE C. KELLY 3125 TOM MATTHEWS ROAD LAKELAND FL 33810</b>			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
<b>FL</b> 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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May  
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KELLY, BONNIE 3125 TOM MATTHEWS ROAD LAKELAND FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <b>UN0000407537</b> <b>02/03/06-80024-003 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLY, CRYSTAL 3123 TOM MATTHEWS RD LAKELAND FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, DUSTIN 3125 TOM MATTHEW RD LAKELAND FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 information empowered.

**SIGNATURE:** *Bonnie Sue Kelly* **Bonnie Sue Kelly** **1/25/06** **863-853-2107**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #