


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90720 007 \*\*\*150.00

<b>DOCUMENT # P99000024272</b> 1. Entity Name <b>J. &amp; J. TRANSPORT OF TAMPA, INC.</b>			
Principal Place of Business <b>6005 N. CAMERON AVE. TAMPA FL 33614</b>		Mailing Address <b>6005 N. CAMERON AVE. TAMPA FL 33614</b>	
2. Principal Place of Business <b>5518 Turtle Crossing Loop</b> Suite, Apt. #, etc.		3. Mailing Address <b>5518 Turtle Crossing Loop</b> Suite, Apt. #, etc.	
City & State <b>Tampa, Florida</b> Zip Country <b>33625 Hillsborough</b>		City & State <b>Tampa, Florida</b> Zip Country <b>33625 Hillsborough</b>	
4. FEI Number <b>59-3563586</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent <b>GARCIA, LOIRET 6005 N. CAMERON AVE. TAMPA FL 33614</b>		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARCIA, LOIRET</b> <b>6005 N. CAMERON AVE.</b> <b>TAMPA FL 33614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Addition
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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"/> Addition
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-16-04 (813) 766-3333</b> <small>Date Daytime Phone #</small>	