


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000043874
 1. Entity Name
J&D TRUCKING OF SHADY HILLS, INC.



Principal Place of Business: **18131 NELSON ROAD
 SPRING HILL, FL 34610**
 Mailing Address: **C/O THE TRAVELIN TAXMAN
 36751 SR 54
 ZEPHYRHILLS, FL 33543-4207**

DO NOT WRITE IN THIS SPACE



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number: **59-3570566** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BOYETTE, MICHAEL C
 THE TRAVELIN TAXMAN
 36751 SR 54
 ZEPHYRHILLS, FL 33541-6943**

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**


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

000000247783
 03/02/05-80001-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	COLSON, NORMAN R
STREET ADDRESS	18131 NELSON ROAD
CITY-ST-ZIP	SHADY HILLS, FL 34610
TITLE	VS
NAME	COLSON, JOLAN M
STREET ADDRESS	18131 NELSON ROAD
CITY-ST-ZIP	SHADY HILLS, FL 34610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 I am not a partner, member, or owner of the corporation, partnership, or limited liability company, or on an attachment with an address, with all other like empowered.
 SIGNATURE:  **2/25/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #