

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90059 048 \*\*\*150.00

**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  
 6611 BOYETTE ROAD  
 WESLEY CHAPEL, FL ~~33544-3882~~

4004107

2. Principal Place of Business - No P.O. Box #  
**1819 NE Rutherford Rd.**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Lee, FL**

City & State  
 Suite, Apt. #, etc.

Zip  
**32059-4558**

Country  
**Madison**

Zip  
**33545-3882**

Country



02202008 Chg-P CR2E034 (12/06)

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	7. Name and Address of New Registered Agent
<b>BOYETTE, MICHAEL C</b> <b>6611 BOYETTE RD</b> <b>WESLEY CHAPEL, FL <del>33544-3882</del></b>	Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code: <b>33545-3882</b>

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: *Michael C. Boyette* DATE: **2-20-08**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PT</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>COLSON, NORMAN R</b>		NAME	
STREET ADDRESS <b>18131 NELSON ROAD</b>		STREET ADDRESS <b>1819 NE Rutherford Road</b>	
CITY-ST-ZIP <b>SHADY HILLS, FL 34610</b>		CITY-ST-ZIP <b>Lee, FL 32059-4558</b>	
TITLE <b>VS</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>COLSON, JOLAN M</b>		NAME	
STREET ADDRESS <b>18131 NELSON ROAD</b>		STREET ADDRESS <b>1819 NE Rutherford Road</b>	
CITY-ST-ZIP <b>SHADY HILLS, FL 34610</b>		CITY-ST-ZIP <b>Lee, FL 32059-4558</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 title empowered.

SIGNATURE: *[Signature]* DATE: **3/02/08** DAYTIME PHONE #: **850 971 2849**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR