

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000073868

1. Entity Name
JIM MEARS TRUCKING, INC.



Principal Place of Business
**36258 WAGON TRAIN WAY
 HILLIARD FL 32046**

Mailing Address
**36258 WAGON TRAIN WAY
 HILLIARD FL 32046**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suito, Apt. #, etc

Suito, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-3579947**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**MEARS, JAMES A
 36258 WAGON TRAIN WAY
 HILLIARD FL 32046**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State**

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: **P** Delete
 NAME: **MEARS, JAMES A**
 STREET ADDRESS: **36258 WAGON TRAIL WAY**
 CITY - ST - ZIP: **HILLIARD FL 32046**

Change Addition
 NAME: **U00000705496**
 STREET ADDRESS: **04/23/07-80051-005 150.00**
 CITY - ST - ZIP:

TITLE: **VP** Delete
 NAME: **MEARS, CHAROLETTE**
 STREET ADDRESS: **36258 WAGON TRAIL WAY**
 CITY - ST - ZIP: **HILLIARD FL 32046**

Change Addition
 TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

TITLE: _____ Delete
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 STREET ADDRESS: _____
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Change Addition
 TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

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 like empowered.

SIGNATURE: *Charolette Mears* Vice Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/9/07**
 Daytime Phone #: **904-781-7920**
904-845-4815