

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S65402

Entity Name: J. G. TRUCKING, INC.

FILED
Jul 01, 2005
Secretary of State

Current Principal Place of Business:

P O BOX 422
FELLSMERE, FL 329485928

New Principal Place of Business:

Current Mailing Address:

P O BOX 422
FELLSMERE, FL 329485928

New Mailing Address:

FEI Number: 65-0281789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GODFREY, JENNIFER L
138 N HICKORY ST
FELLSMERE, FL 32948 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GODFREY, JAMES K.,
Address: 138 N HICKORY ST.
City-St-Zip: FELLSMERE, FL

Title: STD () Delete
Name: GODFREY, JENNIFER L.,
Address: 138 N HICKORY ST.
City-St-Zip: FELLSMERE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES K. GODFREY

PD

07/01/2005

Electronic Signature of Signing Officer or Director

_____ Date