


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000007051


1. Entity Name
CBF TRUCKING INC.



Principal Place of Business
**435 ALLWOOD ROAD
 CLIFTON, NJ 07012**

Mailing Address
**P.O. BOX 1256
 CLIFTON, NJ 07012**

DO NOT WRITE IN THIS SPACE



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3142258	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, NAT
 2406 RIVER HAMMOCK LANE
 FORT PIERCE, FL 34981-4988**

DO NOT WRITE IN THIS SPACE

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 _____

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP FINKLE, III, CLIFFORD B 5 BEECHTREE LANE ESSEX FELLS, NJ 07021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCVP FINKLE, SR., JAMES C 6 OVAL ROAD ESSEX FELLS, NJ 07021
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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 like empowered.

SIGNATURE: Clifford B Finkle III Date: 3-13-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #