


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90001 027 ***150.00

DOCUMENT # L32857

1. Entity Name
FARRIS TRUCKING, INC.



Principal Place of Business: **C/O HARRY FARRIS 4602 HWY 273 P.O. BOX 232 GRACEVILLE, FL 32440**

Mailing Address: **C/O HARRY FARRIS 4602 HWY 273 P.O. BOX 232 GRACEVILLE, FL 32440**

09010344



2. Principal Place of Business: Suite, Apt. #, etc.

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

03112004 Chg-P CR2E034 (10/03)

City & State: _____

Zip: _____ Country: _____

4. FEI Number: **59-3011138**

Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FARRIS, HARRY
4602 HWY 273
GRACEVILLE, FL 32440

7. Name and Address of New Registered Agent

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: _____ 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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE: D <input type="checkbox"/> Delete	FARRIS, HARRY 4602 HWY 273 GRACEVILLE, FL
TITLE: D <input type="checkbox"/> Delete	FARRIS, LUCRETIA 4602 HWY 273 GRACEVILLE, FL
TITLE: CEO <input type="checkbox"/> Delete	FARRIS, JODY E 4622 HWY 273 GRACEVILLE, FL 32440
TITLE: V <input type="checkbox"/> Delete	WARD, KEVIN R 1177 1ST AVENUE GRACEVILLE, FL 32440
TITLE: V <input type="checkbox"/> Delete	LANE, JESSE T 4381 HWY 77 GRACEVILLE, FL 32440
TITLE: AS <input type="checkbox"/> Delete	JORDAN, VICKI L 429 WOLFPEN ROAD SLOCOMB, AL 36375

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Donald Sargent 20496 NE Bridge Ave Blountstown FL 32424
TITLE: V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Donald Boyett 710 7th Street Chipley FL 32428
TITLE: V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Davey H. Whisenhunt 5445 Bailey Street Graceville FL 32440
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	_____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	_____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	_____

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Lucretia W. Farris **Lucretia W. Farris**

Date: 3/16/04 Daytime Phone #: 850-263-7927

2004 Annual Report Attachment

Page 2 of 2
 Attached UBR
 54018924
 FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03 OCT -7 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

DOCUMENT # L32857

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FARRIS TRUCKING, INC.

Principal Place of Business
C/O HARRY FARRIS 4602 HWY 273
P.O. BOX 232
GRACEVILLE, FL 32440

Mailing Address
C/O HARRY FARRIS 4602 HWY 273
P.O. BOX 232
GRACEVILLE, FL 32440

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State

Zip Country

4. FEI Number
59-3011138

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
FARRIS, HARRY
4602 HWY 273
GRACEVILLE, FL 32440

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
500823613305

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

FILE NOW! FEES: \$3000
 After May 1, 2005 fees will be \$3500
 Amended UBR is \$575
 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

TITLE	D	<input type="checkbox"/> Delete
NAME	FARRIS, HARRY	
STREET ADDRESS	4602 HWY 273	
CITY-ST-ZIP	GRACEVILLE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARRIS, LUCRETIA	
STREET ADDRESS	4602 HWY 273	
CITY-ST-ZIP	GRACEVILLE, FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	FARRIS, JODYE	
STREET ADDRESS	4622 HWY 273	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	V	<input type="checkbox"/> Delete
NAME	WARD, KEVIN R	
STREET ADDRESS	1177 1ST AVENUE	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAVE, JESSE T	
STREET ADDRESS	4381 HWY 77	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	AS	<input type="checkbox"/> Delete
NAME	JORDAN, VICKI L	
STREET ADDRESS	429 WOLFFEN ROAD	
CITY-ST-ZIP	SLOCUMB, AL 36375	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dewayne Fugate	Delete
STREET ADDRESS	1111 W. Malvern Hwy	
CITY-ST-ZIP	Slocumb, AL 36375	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Carter	
STREET ADDRESS	2300 Hwy 179	
CITY-ST-ZIP	Bonifay, FL 32425	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Dodson	Delete
STREET ADDRESS	1160 First Ave	
CITY-ST-ZIP	Graceville FL 32440	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Simmons	
STREET ADDRESS	2739 N. Holmes Creek Rd	
CITY-ST-ZIP	Bonifay FL 32425	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David W Knight	Delete
STREET ADDRESS	5369 Cherry Street	
CITY-ST-ZIP	Graceville FL 32440	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William E Gilkey	Delete
STREET ADDRESS	349 Gary Rd	
CITY-ST-ZIP	Slocumb AL 36375	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Lucretia W Farris 9/3/03 850-762-0927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State Phone #

CR2E034 (10/02)