


** Amended **

**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

04 SEP -9 AM 9:06

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3011138	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FARRIS, HARRY 4602 HWY 273 GRACEVILLE, FL, 32440			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 _____		
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Donald Boyett	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRIS, HARRY		NAME	170 7th Street	Delete
STREET ADDRESS	4602 HWY 273		STREET ADDRESS	Chipley FL 32428	
CITY-ST-ZIP	GRACEVILLE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	David Carter	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRIS, LUCRETIA		NAME	2300 Hwy 179	Delete
STREET ADDRESS	4602 HWY 273		STREET ADDRESS	Bunifay FL 32425	
CITY-ST-ZIP	GRACEVILLE, FL		CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	Scott Simmons	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRIS, JODY E		NAME	2739 N. Holmes Creek Rd	Delete
STREET ADDRESS	4622 HWY 273		STREET ADDRESS	Bunifay FL 32425	
CITY-ST-ZIP	GRACEVILLE, FL 32440		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	Ellis Pearson	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, KEVIN R		NAME	1068 Wildwood Lane	Delete
STREET ADDRESS	1177 1ST AVENUE		STREET ADDRESS	Graceville FL 32440	
CITY-ST-ZIP	GRACEVILLE, FL 32440		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	Alden J. Rodrigue, Jr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANE, JESSE T		NAME	2508 Parkyn Lane	
STREET ADDRESS	4381 HWY 77		STREET ADDRESS	Alford FL 32402	
CITY-ST-ZIP	GRACEVILLE, FL 32440		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	Maurice D. Moody	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, VICKI L		NAME	2320 Rogers Lane	
STREET ADDRESS	429 WOLFPEN ROAD		STREET ADDRESS	Cottondale FL 32431-7544	
CITY-ST-ZIP	SLOCOMB, AL 36375		CITY-ST-ZIP		
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: <u>Lucretia Farris</u>		Date: <u>9/2/04</u>		Daytime Phone #: <u>850-263-1927</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

** Amended Attachment **
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DOCUMENT # L32857
 1. Entity Name
 FARRIS TRUCKING, INC.



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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



09022004 Chg-P CR2E034 (10/03)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25 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, JODY E	
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	LANE, 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 WOLFFPEN ROAD	
CITY-ST-ZIP	SLOCOMB, AL 36375	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Danny J. Spires	
STREET ADDRESS	5218 Old US Rd	
CITY-ST-ZIP	Marianna FL 32446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #