


**2004 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

Page 1 of 2

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 24 AM 8:00

**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

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

City & State: Graceville, FL

Zip: 32440 Country: FL

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: \_\_\_\_\_ DATE: 11/24/04  
200043000242  
11/24/04--01048--007 \*\*\$1.25

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	NAME: FARRIS, HARRY	STREET ADDRESS: 4602 HWY 273	CITY-ST-ZIP: GRACEVILLE, FL	<input type="checkbox"/>
TITLE: D	NAME: FARRIS, LUCRETIA	STREET ADDRESS: 4602 HWY 273	CITY-ST-ZIP: GRACEVILLE, FL	<input type="checkbox"/> Delete
TITLE: CEO	NAME: FARRIS, JODY E	STREET ADDRESS: 4622 HWY 273	CITY-ST-ZIP: GRACEVILLE, FL 32440	<input type="checkbox"/> Delete
TITLE: V	NAME: WARD, KEVIN R	STREET ADDRESS: 1177 1ST AVENUE	CITY-ST-ZIP: GRACEVILLE, FL 32440	<input type="checkbox"/> Delete
TITLE: V	NAME: LANE, JESSE T	STREET ADDRESS: 4381 HWY 77	CITY-ST-ZIP: GRACEVILLE, FL 32440	<input type="checkbox"/> Delete
TITLE: AS	NAME: JORDAN, YICKI L	STREET ADDRESS: 429 WOLF PEN ROAD	CITY-ST-ZIP: SLOCOMB, AL 36375	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11


TITLE: V	NAME: Maurice D. Moody	STREET ADDRESS: 2320 Rogers Lane	CITY-ST-ZIP: Cottondale FL 32431-1544	<input type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
TITLE: V	NAME: Danny J. Spires	STREET ADDRESS: 5218 Old US Rd	CITY-ST-ZIP: Marianna FL 32446	<input type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
TITLE: V	NAME: Dewey H. Whisenhunt	STREET ADDRESS: 5445 Bailey St	CITY-ST-ZIP: Graceville FL 32440	<input type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
TITLE: V	NAME: Billy Todd Caudill	STREET ADDRESS: 1416 Crooms Road	CITY-ST-ZIP: Cottondale FL 32431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V	NAME: Robert E Taylor	STREET ADDRESS: 1232 S County Rd 59	CITY-ST-ZIP: Taylor, AL 36301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V	NAME: Terry T. Pearson	STREET ADDRESS: 2460 Cile Lane	CITY-ST-ZIP: Marianna FL 32446	<input type="checkbox"/> Change <input checked="" 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)(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: Quentia W. Jamn DATE: 11/18/04 DAYTIME PHONE #: 850-263-7927

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*Attachment Only*  
*Page 2 of 2*

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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R FARRIS, HARRY 4602 HWY 273 GRACEVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Randy K. Brown PO Box 623 Malone FL 32445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRIS, LUCRETIA 4602 HWY 273 GRACEVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FARRIS, JODY E 4622 HWY 273 GRACEVILLE, FL 32440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARD, KEVIN R 1177 1ST AVENUE GRACEVILLE, FL 32440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANE, JESSE T 4381 HWY 77 GRACEVILLE, FL 32440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JORDAN, VICKI L 429 WOLF PEN ROAD SLOCOMB, AL 36375 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Shirley W. Jarvis</i>		Date: <i>11/18/04</i>	Daytime Phone #: <i>850-263-7927</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #