


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90182 038 ***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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3011138		Applied For <input type="checkbox"/> Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	D FARRIS, HARRY 4602 HWY 273 GRACEVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tracy A Bradley 1320 Peanut Road Cottondale FL 32431 <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	Gary H Burkhead, JR 1680 Malcolm Taylor Rd Bonifay FL 32425 <input type="checkbox"/> Change <input checked="" 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	Jeffrey S. Daly 443 Corbin Rd Cottondale FL 32431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARD, KEVIN R 1177 1ST AVENUE GRACEVILLE, FL 32440 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bobby Gene Rodgers 3051 Woody Marion Drive Chipley FL 32428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANE, JESSE T 4381 HWY 77 GRACEVILLE, FL 32440 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Larry Dickerson 14301 Mercedes Ave Panama City FL 32401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JORDAN, VICKI L 429 WOLFEN 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>Lucretia W. Farris</i>		Date: <i>4/10/05</i> Daytime Phone #: <i>850-263-7927</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

2005 Attachment Only

2004 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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


03-18-2004 90001 027 ***150.00

ATTACHMENT

20048063

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

City & State

Zip

Country

Zip

Country

03112004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3011138

Applied For
 Not Applicable

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

8. 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 _____

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
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 WOLFPEN ROAD	
CITY-ST-ZIP	SLOCOMB, AL 36375	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Sargent	
STREET ADDRESS	20496 NE Bridge Ave	DELETE
CITY-ST-ZIP	Mounts town FL 32424	
TITLE	Donald Boyett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Boyett	
STREET ADDRESS	710 7th Street	
CITY-ST-ZIP	Chipley FL 32428	
TITLE	Dewey H. Whisenant	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dewey H. Whisenant	
STREET ADDRESS	5445 Bailey Street	
CITY-ST-ZIP	Graceville FL 32440	
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)(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: Lucrecia W. Farris 3/16/04 850-263-7927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

** Attached to ATTACHMENT 2005 Attachment Only*

DOCUMENT # L32857
 1. Entity Name
FARRIS TRUCKING, INC.



FILED
 04 SEP 19 AM 8:08
 STATE SECRETARY
 TALLAHASSEE, FLORIDA
 20048063

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.

09022004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
59-3011138

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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.

800040970878
 09/10/04--01069--012 **\$1.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 4802 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 WOLFEN ROAD	
CITY-ST-ZIP SLOCUMB, AL 36375	

TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Donald Bayett	Delete
STREET ADDRESS 110 7th Street	
CITY-ST-ZIP Gaylesville, FL 32428	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME David Carter	Delete
STREET ADDRESS 2300 Hwy 179	
CITY-ST-ZIP Boynton, FL 32425	
TITLE CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Scott Simmons	Delete
STREET ADDRESS 3739 N. Holmes Creek Rd	
CITY-ST-ZIP Boynton, FL 32425	
TITLE V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Ellis Pearson	Delete
STREET ADDRESS 1008 Wildwood Lane	
CITY-ST-ZIP Graceville, FL 32440	
TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Alden J. Rodrigue, Jr.	DELETE
STREET ADDRESS 2508 Parky Lane	
CITY-ST-ZIP Alford, FL 32402	
TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Marice D. Moody	
STREET ADDRESS 2320 Rogers Lane	
CITY-ST-ZIP Colquhoun, FL 32431-7544	

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 individuals empowered.

SIGNATURE: *Lucretia Farris* **Lucretia Farris** 9/2/04 850-263-1927
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT


2005 Attachment Only

2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT

Page No 2


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ATTACHMENT 8-00
20048063

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	
Zip	Country	Zip	Country
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: _____ (NOTE: Registered Agent signature required when reinstating) 200043000242 11/24/04--01048--007 **\$61.25			
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	FARRIS, HARRY 4602 HWY 273 GRACEVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maurice A. Moody 2320 Rogers Lane Cottondale FL 32431-1541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRIS, LUCRETIA 4602 HWY 273 GRACEVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Danny J. Spikes 5218 Old US Rd Mariana FL 32446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FARRIS, JODY E 4622 HWY. 273 GRACEVILLE, FL 32440	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dewey H. Whisenant 5145 Bailey St Graceville FL 32440 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARD, KEVIN R 1177 1ST AVENUE GRACEVILLE, FL 32440	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Billy Todd Caudill 1976 Crooms Road Cottondale FL 32431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OKAY on report
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANE, JESSE T 4381 HWY 77 GRACEVILLE, FL 32440	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert E Taylor 1232 S County Rd 59 Taylor, AL 36301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OKAY on report
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JORDAN, YICKI L 429 WOLF PEN ROAD SLOCOMB, AL 36375	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terry T. Pearson 2460 Cile Lane Mariana FL 32446 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DELETE
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>Lucy W. Lane</u>		Date: 11/18/04 Phone: 850-263-1927	

2005 Attachment attachment only
 2004 FOR PROFIT CORPORATION
 AMENDED ANNUAL REPORT

ADD 7/12
 ATTACHMENT
 20048063

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	
Zip	Country	Zip	Country
09022004		Chg-P	CR2E034 (10/03)
4. FEI Number 59-3011138		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		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	D 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 DELETE
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 WOLFPEN ROAD SLOCUMB, 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: <u>Shirley W. Jans</u>		Date: <u>11/18/04</u>	Daytime Phone #: <u>850-263-7427</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>