


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L32857						FILED 05 JUL 19 AM 10:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name FARRIS TRUCKING, INC.				Principal Place of Business 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	
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	D	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FARRIS, HARRY			NAME	Kevin R Ward		
STREET ADDRESS	4602 HWY 273			STREET ADDRESS	1177 1st Ave		
CITY-ST-ZIP	GRACEVILLE, FL			CITY-ST-ZIP	Graceville FL 32440		
TITLE	D	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FARRIS, LUCRETIA			NAME	Jerry R Bodie JR		
STREET ADDRESS	4602 HWY 273			STREET ADDRESS	1058 Hwy 171		
CITY-ST-ZIP	GRACEVILLE, FL			CITY-ST-ZIP	Graceville FL 32440		
TITLE	CEO	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FARRIS, JODY E			NAME	Terry D Adkins		
STREET ADDRESS	4622 HWY 273			STREET ADDRESS	2990 Helen Lane		
CITY-ST-ZIP	GRACEVILLE, FL 32440			CITY-ST-ZIP	Cottondale FL 32431		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRADLEY, TRACY A			NAME	Robert L. Bradley		
STREET ADDRESS	1320 PEANUT ROAD			STREET ADDRESS	156 Durham Rd		
CITY-ST-ZIP	COTTONDALE, FL 32431			CITY-ST-ZIP	Pansy AL 36370		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BURKHEAD, GARY H JR			NAME	Donald Sargent		
STREET ADDRESS	1689 MALCOLM TAYLOR RD			STREET ADDRESS	20496 NE Bridge Ave		
CITY-ST-ZIP	BONIFAY, FL 32425			CITY-ST-ZIP	Blountstown, FL 32424		
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JORDAN, VICKI L			NAME			
STREET ADDRESS	429 WOLFPEN ROAD			STREET ADDRESS			
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: <i>Lucretia W. Farris</i>				Secretary		7/15/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone # 850-263-7927	
Lucretia W. Farris							