


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90225 045 ***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**

60033530



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

04302006 Chg-P CR2E034 (11/05)

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, 2006 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 checked="" 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 AVE	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BODIE, JERRY R JR	
STREET ADDRESS	1050 HIGHWAY 171	
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 NB Bridge Ave	
CITY-ST-ZIP	Blountstown Fl 32424	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne Dupres	
STREET ADDRESS	1128 Buddy Road	
CITY-ST-ZIP	Chipley Fl 32428	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Dale Mickel	
STREET ADDRESS	5280 10th St.	
CITY-ST-ZIP	Malone Fl 32443	
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 exemptions contained in Chapter 119, 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: *Shirley H. Harris* **4/30/06** **850-263-9927**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

2006 Attachment Only

DOCUMENT # L32857				FLORIDA ATTACHMENT 05 JUL 19 10:37 SEC. OF STATE TALLAHASSEE 60033530	
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		06062005 Chg-P CR2E034 (10/03)	
2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3011138	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ 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		B. 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 FARRIS, HARRY 4602 HWY 273 GRACEVILLE, FL	<input type="checkbox"/> Delete	TITLE	Kevin R Ward 1177 1st Ave Graceville FL 32440	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	O FARRIS, LUCRETIA 4602 HWY 273 GRACEVILLE, FL	<input type="checkbox"/> Delete	TITLE	Jerry R Bodie Jr 1050 Hwy 171 Graceville FL 32440	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DELETE
TITLE	CEO FARRIS, JODY E 4822 HWY 273 GRACEVILLE, FL 32440	<input type="checkbox"/> Delete	TITLE	Terry D Adkins 2906 Helen Lane Cottondale FL 32431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DELETE
TITLE	V BRADLEY, TRACY A 1320 PEANUT ROAD COTTONDALE, FL 32431	<input checked="" type="checkbox"/> Delete	TITLE	Robert L. Bradley 156 Durham Rd Pansley AL 36370	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DELETE
TITLE	V BURKHEAD, GARY H JR 1689 MALCOLM TAYLOR RD BONIFAY, FL 32425	<input checked="" type="checkbox"/> Delete	TITLE	Donald Sargent 20496 NE Bridge Ave Blounts Station, FL 32424	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	AS JORDAN, VICKI L 429 WOLFFEN ROAD SLOCOMB, AL 36375	<input type="checkbox"/> Delete	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: <u>Lucretia W. Farris</u>		Date: <u>7/15/05</u>		Daytime Phone: <u>850-263-7927</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Lucretia W. Farris</u>					

2/10/06

2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
 04-26-2005 90182 038 ****150.00
2006 Attachment Only

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**

ATTACHMENT 6 0033530

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

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

04022005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3011138

Applied For
 Not Applicable

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.

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, 2005 Fee will be \$550.00**

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** Delete
 NAME **FARRIS, HARRY**
 STREET ADDRESS **4602 HWY 273**
 CITY-ST-ZIP **GRACEVILLE, FL**

TITLE Change Addition
 NAME **Tracy A Bradley**
 STREET ADDRESS **320 Peanut Road**
 CITY-ST-ZIP **Cottondale FL 32431**

TITLE **D** Delete
 NAME **FARRIS, LUCRETIA**
 STREET ADDRESS **4602 HWY 273**
 CITY-ST-ZIP **GRACEVILLE, FL**

TITLE Change Addition
 NAME **Gen H Burkhead JR**
 STREET ADDRESS **1680 Malcolm Taylor Rd**
 CITY-ST-ZIP **Panama City FL 32425**

TITLE **CEO** Delete
 NAME **FARRIS, JODY E**
 STREET ADDRESS **4622 HWY 273**
 CITY-ST-ZIP **GRACEVILLE, FL 32440**

TITLE Change Addition
 NAME **Jeffrey S. Daly**
 STREET ADDRESS **443 Corbin Rd**
 CITY-ST-ZIP **Cottondale FL 32431** **DELETE**

TITLE **V** Delete
 NAME **WARD, KEVIN R**
 STREET ADDRESS **1777 1ST AVENUE**
 CITY-ST-ZIP **GRACEVILLE, FL 32440**

TITLE Change Addition
 NAME **Bobby Gene Rodgers**
 STREET ADDRESS **3051 Woody Marion Drive**
 CITY-ST-ZIP **Chipley FL 32428** **DELETE**

TITLE **V** Delete
 NAME **LANE, JESSE T**
 STREET ADDRESS **4381 HWY 77**
 CITY-ST-ZIP **GRACEVILLE, FL 32440**

TITLE Change Addition
 NAME **Larry Dickerson**
 STREET ADDRESS **14301 Mercedes Ave**
 CITY-ST-ZIP **Panama City FL 32401** **DELETE**

TITLE **AS** Delete
 NAME **JORDAN, VICKI L**
 STREET ADDRESS **429 WOLFREN ROAD**
 CITY-ST-ZIP **SLOCUMB, AL 36875**

TITLE Change 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: Lucretia W. Farris
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/05 850-263-7927
 Date Daytime Phone #

2/10/06

2006 Attachment Only
ATTACHMENT

~~2005 Attachment Only~~

2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT

Page No 2
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
ATTACHMENT
2004/8/6/3
ATTACHMENT
60033530

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 Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		Name	
Street Address (P.O. Box Number is Not Acceptable)		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. 200043000242 11/24/04--01048--007 #61.25			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent Signature required when retaining)	
Amended AR is \$81.25		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	<input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRIS, HARRY	NAME	Martinez, A. Moody DELETE
STREET ADDRESS	4602 HWY 273	STREET ADDRESS	2320 Rogers Lane
CITY-ST-ZIP	GRACEVILLE, FL	CITY-ST-ZIP	Collegeville FL 32431-1541
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRIS, LUCRETIA	NAME	Danny J. Sikes DELETE
STREET ADDRESS	4602 HWY 273	STREET ADDRESS	5218 Old US Rd
CITY-ST-ZIP	GRACEVILLE, FL	CITY-ST-ZIP	Marionna FL 32446
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRIS, JODY E	NAME	Dewey H. Whisenant DELETE
STREET ADDRESS	4622 HWY 273	STREET ADDRESS	5445 Oakley St
CITY-ST-ZIP	GRACEVILLE, FL 32440	CITY-ST-ZIP	GRACEVILLE FL 32440
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, KEVIN R	NAME	Billy Todd Caudill
STREET ADDRESS	1177 1ST AVENUE	STREET ADDRESS	1976 Crooms Road
CITY-ST-ZIP	GRACEVILLE, FL 32440	CITY-ST-ZIP	Cottondale FL 32431
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANE, JESSE T	NAME	Robert E Taylor
STREET ADDRESS	4381 HWY 77	STREET ADDRESS	1232 S County Rd 59
CITY-ST-ZIP	GRACEVILLE, FL 32440	CITY-ST-ZIP	Taylor AL 36301
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS JORDAN, YICKI L	NAME	Terry A Pearson
STREET ADDRESS	429 WOLFEN ROAD	STREET ADDRESS	2460 Cile Lane
CITY-ST-ZIP	SLOCOMB, AL 36375	CITY-ST-ZIP	Morgantown FL 32446
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 W. Farris</u>		11/18/04 850-763-7927	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date Daytime Phone #	

2/10/06