


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 AUG 18 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JSK

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		07282006 Chg-P CR2E034 (11/05)	
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			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FARRIS, HARRY	NAME	Winston Terry Spenser		
STREET ADDRESS	4602 HWY 273	STREET ADDRESS	489F 2nd Street, Lot 13		
CITY-ST-ZIP	GRACEVILLE, FL	CITY-ST-ZIP	Chipley FL 32428		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FARRIS, LUCRETIA	NAME	Brian D. Harvey		
STREET ADDRESS	4602 HWY 273	STREET ADDRESS	4258 Du de Lane		
CITY-ST-ZIP	GRACEVILLE, FL	CITY-ST-ZIP	Marianna FL 32446		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SARGENT, DONALD	NAME	700078976827		
STREET ADDRESS	20496 NORTHEAST BRIDGE AVENUE	STREET ADDRESS	08/22/06--01017--009 **\$61.25		
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	CITY-ST-ZIP			
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WARD, KEVIN R	NAME			
STREET ADDRESS	1177 1ST AVE	STREET ADDRESS			
CITY-ST-ZIP	GRACEVILLE, FL 32440	CITY-ST-ZIP			
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUPREE, WAYNE	NAME			
STREET ADDRESS	1128 BUDDY ROAD	STREET ADDRESS			
CITY-ST-ZIP	CHIPLEY, FL 32428	CITY-ST-ZIP			
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 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: <i>Lucy W. Lewis</i>		Date: 7/31/06		Daytime Phone #: 850-263-7927	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					