


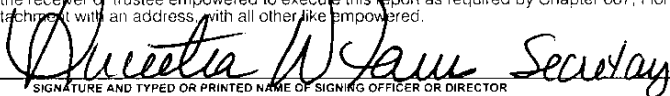


**2006 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

DOCUMENT # L32857					FILED	
1. Entity Name FARRIS TRUCKING, INC.					06 NOV - 1 10:06	
Principal Place of Business C/O HARRY FARRIS 4602 HIGHWAY 273 GRACEVILLE, FL 32440 US			Mailing Address P O BOX 232 GRACEVILLE, FL 32440 US			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country	Zip		Country	10132006 Chg-P CR2E034 (11/05)
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
FARRIS, HARRY 4602 HIGHWAY 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 900081434809 10/11/06--01046--003 **61.25	
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	Kenneth C. Fosnaugh, Jr	
STREET ADDRESS	4602 HIGHWAY 273			STREET ADDRESS	1590 A Proctor Lane	
CITY-ST-ZIP	GRACEVILLE, FL 32440			CITY-ST-ZIP	Grand Ridge, FL 32442	
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRIS, LUCRETIA			NAME		
STREET ADDRESS	4602 HIGHWAY 273			STREET ADDRESS		
CITY-ST-ZIP	GRACEVILLE, FL 32440			CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARGENT, DONALD			NAME		
STREET ADDRESS	20496 NORTHEAST BRIDGE AVENUE			STREET ADDRESS		
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	SPENCER, WINSTON T			NAME		
STREET ADDRESS	489-F 2ND STREET, LOT 13			STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY, FL 32428			CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, BRIAN D			NAME		
STREET ADDRESS	4258 DUDE LANE			STREET ADDRESS		
CITY-ST-ZIP	MARIANNA, FL 32446			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: 			Secretary		10/22/06 850-263-7927	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>	