


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90032 011 ***150.00

| | | | |
|--|---|---|--|
| DOCUMENT # L32857 | |  | |
| 1. Entity Name FARRIS TRUCKING, INC. | | | |
| 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 - No P.O. Box # | | 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 FARRIS, HARRY 4602 HIGHWAY 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FARRIS, HARRY | NAME | Ward, Kevin R |
| STREET ADDRESS | 4602 HIGHWAY 273 | STREET ADDRESS | 1177 First Ave |
| CITY-ST-ZIP | GRACEVILLE, FL 32440 | CITY-ST-ZIP | Graceville FL 32440 |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FARRIS, LUCRETIA | NAME | Carlis M. Mayo |
| STREET ADDRESS | 4602 HIGHWAY 273 | STREET ADDRESS | 1233 Shores Rd |
| CITY-ST-ZIP | GRACEVILLE, FL 32440 | CITY-ST-ZIP | Alford FL 32420 |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SARGENT, DONALD | NAME | Clifford Owens |
| STREET ADDRESS | 20496 NORTHEAST BRIDGE AVENUE | STREET ADDRESS | 4602 Hwy 273 |
| CITY-ST-ZIP | BLOUNTSTOWN, FL 32424 | CITY-ST-ZIP | Graceville FL 32440 |
| TITLE | V <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOSNAUGH, KENNETH C JR. | NAME | |
| STREET ADDRESS | 1890 A PROCTOR LANE | STREET ADDRESS | |
| CITY-ST-ZIP | GRAND RIDGE, FL 32442 | 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 checked="" 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: <u>Lucy A. Owens</u> | | Date: <u>4/28/07</u> Daytime Phone #: <u>850-263-1927</u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |