


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P04000092134
 1. Entity Name
EAGLE TRUCKING OF NORTH FLORIDA, INC



Principal Place of Business Mailing Address
 1210 SE 19TH ST 1210 SE 19TH ST
 GAINESVILLE, FL 32641 GAINESVILLE, FL 32641

DO NOT WRITE IN THIS SPACE



02252007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1249137	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARCHER, JOE
 1210 SE 19TH STREET
 GAINESVILLE, FL 32641

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARCHER, JOE
STREET ADDRESS	1210 SE 19TH STREET
CITY - ST - ZIP	GAINESVILLE, FL 32641
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 05/10/07-80070-025 150.00

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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, live empowered.

SIGNATURE: *Joe Archer* 4423-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #