2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 432326

Title:

Name:

Address:

City-St-Zip:

Entity Name: SHELTON TRUCKING SERVICE, INC.

FILED Mar 16, 2005 Secretary of State

Littly Nan	ie. Shelioi	N TROCKING SERVICE, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
24058 SW ALTHA, FL						
Current Mailing Address:			New Mailir	New Mailing Address:		
PO BOX 68 ALTHA, FL						
FEI Number:	59-1496960	FEI Number Applied For ()	FEI Number Not Appli	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
SHELTON, 24058 SW ALTHA, FL	SR 73					
The above in the State		submits this statement for the purp	oose of changing it	its registered office or registered agent, or both,		
SIGNATUR						
		ic Signature of Registered Agent		Date		
Election Carr	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () SHELTON, RAN PO BOX 68 ALTHA, FL 324	·	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD () TOMLINSON, JO 829 HENTZ AVE BLOUNTSTOWN	·	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition TOMLINSON, JOHN JR., 20007 NE HENTZ AVE. BLOUNTSTOWN, FL 32424		
Title: Name: Address: City-St-Zip:	ES () DIGSBY, FELEC 20176 NE HENT BLOUNTSTOWN	ΓΖ AVE	Title: Name: Address: City-St-Zip:	ES (X) Change () Addition TOMLINSON, JOHN 20007 NE HENTZ AVE BLOUNTSTOWN, FL 32424		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN H. TOMLINSON JR VD 03/16/2005

() Delete

GARNETT, CHARLES

RT 1 BOX 365B

ALTHA, FL 32421

() Change () Addition