2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Feb 12, 2005 08:00 AM Secretary of State

ANNUAL REPORT		10012,2000 00.00	, <u>.</u> .
DOCUMENT # F04898 1. Entity Name CYPRESS TRUCK LINES, INC.		Secretary of Sta	₊te
Principal Place of Business Mailing Address 1300 WIGMORE STREET 1300 WIGMORE STREET JACKSONVILLE, FL 32206 JACKSONVILLE, FL 32206			
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and the second s	<u></u>		
DO NOT WRITE IN THIS SPACE		01312005 No Chg-P CR2E034 (10/03)	
		4. FEI Number Applied Fo	
		59-2063224 Not Applie Serial Status Desired Serial	:able
	·	5. Certificate of Status Desired Fee Required	
6. Name and Address of Current Registered Agent			
PENLAND, D.V. SR.		DO NOT WRITE	
1300 WIGMORE STREET JACKSONVILLE, FL 32206	}.		
-		IN THIS SPACE	
 The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. 	red office or register	ed agent, or both, in the State of Florida. I am familiar with, and acc	:ept
SIGNATURE	 		
on agreement through the programment of the program	ed Agent signatura required	when refinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees	
10. OFFICERS AND DIRECTORS	1		
TITLE PD PENLAND, D.V. SR.	ľ	00000227295 02/12/05-80051-004 150.00	
STREET ADDRESS 1300 WIGMORE STREET		02/12/05-80051-004 150.00	
CITY-ST-ZIP JACKSONVILLE, FL 32206	4		
NAME PENLAND, CYNTHIA			
STREET ADDRESS 1300 WIGMORE STREET	1		
CITY-ST-ZIP JACKSONVILLE, FL 32206	<u></u>		
TITLE VD NAME PENLAND, DAVID JR			
STREET ADDRESS 1300 WIGMORE STREET -	}	DO NOT WRITE	
CITY-ST-ZIP JACKSONVILLE, FL 32206	.		
NAME PENLAND, THADDEUS		IN THIS SPACE	
STREET ADDRESS 1300 WIGMORE STREET	1		
CITY-ST-ZIP JACKSONVILLE, FL 32206			
TITLE NAME			-
STREET ADDRESS			
CHY-ST-ZIP			
TITLE NAME	} `		
STREET ADDRESS			
CITY-ST-ZIP	<u></u>		
12. I hereby certify that the information supplied with this filling does not quarty for the exert indicated on this report or supplemental report is use and accurate and that ny signat of the corporation or the receiver or trustee emprewered to execute this report as required the corporation or the receiver or trustee emprewered to execute this report as required that the corporation of the receiver of the report of the receiver of the re	mption stated in Sec ture shall have the s red by Chapter 607,	ction 119.07(3)(i), Florida Statutes. I further certify that the informatio name legal effect as if made under oath, that I am an officer or direct , Florida Statutes, and that my name appears in Block 10 or Block 1	n Or 1 if