

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90013 042 ***150.00

DOCUMENT # L03556*

1. Entity Name

TOUCHTON TRUCKING INC.



Principal Place of Business

12822 193 RD
LIVE OAK FL 32060
US

Mailing Address

12822 193RD RD
LIVE OAK FL 32060
US



2. Principal Place of Business - No P.O. Box #

12822 193rd RD
Suite, Apt. #, etc.

3. Mailing Address

12822 193rd RD
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Live Oak FL

City & State

Live Oak FL

4. FEI Number

59-2960468

Applied For

Not Applicable

Zip

32060

Country

Switzerland

Zip

32060

Country

Switzerland

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOUCHTON, JANET E.
12822 193 RD
LIVE OAK FL 32060

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

4-21-08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	TOUCHTON, EUGENE F., SR	
STREET ADDRESS	12822 193RD RD	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	SD	☐ Delete
NAME	TOUCHTON, JANET E.	
STREET ADDRESS	12822 193RD RD	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	VP	☐ Delete
NAME	TOUCHTON, EUGENE F JR	
STREET ADDRESS	12822 193RD RD	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	T	☐ Delete
NAME	TUVELL, KIMBERLY	
STREET ADDRESS	10931 198TH TERRACE	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08 386 776 2428
Date Daytime Phone #